

THE  
MEDICAL EXAMINER.

NEW SERIES.—NO. CXXI.—JANUARY, 1855.

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ORIGINAL COMMUNICATIONS.

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*Gastrotomy for the Removal of an Ovarian Tumor; error of diagnosis; peculiar condition of the abdominal parietes and contents; patient recovered.* By HENRY H. SMITH, M. D., Consulting Surgeon and Lecturer on Clinical Surgery in the Philadelphia Hospital.

The Philadelphia Hospital, being that portion of the Philadelphia Alms-House which is occupied by the sick poor, is an institution which contains upwards of 800 beds, about 160 of which are occupied by surgical cases. With so large a number of patients, and with a lecture room capable of accommodating 1000 students, it presents us with one of the best clinical schools in the United States. After being for nine years closed to the medical classes of Philadelphia, it was again opened for their instruction in September, 1854.

Soon after entering upon my duties as one of the Consulting Surgeons, I was informed by the Chief Resident Physician, that among other cases requiring operative treatment, was one of ovarian tumor of some standing, in which the patient was so anxious for an operation that she had recently eloped from the institution in order to gain her wishes; he having refused to operate only because she was not in a proper condition. This patient being subsequently presented to my notice, I made an ex-

amination of her abdomen, but not being satisfied as to the character of her complaint, deferred the expression of an opinion until I could learn more of her history. This, together with the notes of her subsequent condition, being kindly obtained for me by Dr. G. B. Smith, of Tennessee, one of the Residents in charge of the clinical wards, are now presented in a condensed form. To Dr. G. B. Smith, and also to his colleague Dr. T. Braxton, of Va., I feel indebted for the interest displayed in the treatment of the case, as well as for the untiring assiduity with which they attended to the patient for several days after the operation.

*Case of Abdominal Tumor. General History.*—Maria W., aged 23 years, of sanguine temperament and considerable embonpoint, weighing about 155 pounds, was born in the interior of Pennsylvania. At the early age of 14 years she ran away from home, and lived with her seducer until she bore him two children. Being soon after deserted by him, "she lived upon the town," and on one occasion was said to have submitted to the embraces of thirteen men in a few hours. She has had four children, only one of whom is alive; had one child delivered by the operation of embryulcia, and has repeatedly suffered from syphilis, for which she was treated in the hospital. On one occasion she was found to have nine distinct chancres on the neck and mouth of the uterus. It was soon after this visit that she again became an inmate of the hospital, on account of severe abdominal pain and swelling, for which she was repeatedly cupped, blistered, &c., the marks of which are yet very apparent. This visit she thinks was about eight months since, but she has no distinct recollection of the period "when the lump first appeared; though different physicians in the city had treated her for the lump, and she had spent all her money in trying to get rid of it" before she came to the hospital. Such was her history up to the period of my visit, except that "her doctors always told her she had a lump like her sister." This sister had a tumor in the abdomen, of which she died in about 12 months, and on being examined after death, the tumor was found to be filled with water, and hence her anxiety to be operated on promptly.

After receiving this account I made a most careful examination, and found the following condition of things :

*Present Condition.*—General health fair, strength good, countenance intelligent, but expressive of temper which is excessive; limbs round and full, but without œdema; pulse natural; abdomen very tumid, especially on the left side of the umbilical, as well as the left hypochondriac and iliac regions, where a globular tumor of the full size of an adult head is perceptible: the skin over the tumor is dark colored and marked by cups; no wrinkle of skin from former pregnancies, owing to the general abdominal distension, which is equal to that of six months' pregnancy; pressure on the left iliac region causes pain; indistinct sense of fluctuation in the tumor and also in the abdomen. Umbilicus quite prominent, and resembling the appearance of a small irreducible umbilical hernia.

The tumor on the left side of the abdomen is irregular on the surface though not lobulated, is *flat on percussion* when the patient lies on her back, but less dull when she lies on her right side. When placed on her right side the tumor falls considerably to the right of the linea alba, and is also moveable in its pelvic connections. The solidity and mobility of the tumor was therefore undoubted.

As Maria was suffering much from hemorrhoids, no examination was made per rectum, but that per vaginam showed a marked prolapsus uteri, with great tumefaction of the neck and eversion of the os. There was also considerable fulness of the anterior and left wall of the vagina. The bladder exhibited considerable irritation, and required the frequent use of the catheter, the difficulty in micturition being apparently due to a tumor within the pelvis which depressed the womb and thus acted on the bladder.

In this examination several of the Resident Physicians and one or two others participated. Knowing the difficulties attendant on the diagnosis of ovarian tumors, I made in all four very careful examinations of the patient, and became satisfied that the tumor was ovarian, that it was comparatively free from adhesions, that it was the cause of her vesical and rectal distress, and that the attempt to remove it was justifiable under the circumstances. In this opinion my colleagues Drs. D. Hayes Agnew and A. B. Campbell fully coincided. After due preparation and

after a full explanation to the patient of the dangers of the operation, and the probability of our not being able to relieve her, no change was made in her anxiety to submit to it, and she was accordingly prepared therefore by moderate purging with pills of inspissated ox gall; the bladder evacuated; the pelvis surrounded by a large diaper and an anæsthetic (ether 5 parts, chloroform 1) administered. Whilst these arrangements were being effected in the ward, I explained the character of the complaint and the operation about to be performed, to the large class in attendance, stating that the greatest difficulty in all such cases was the inability of the surgeon to make a positive diagnosis before opening the abdomen.

*Operation.*—The patient being now placed on the operating table, in a perfect state of anæsthesia, the attention of the class was called to the tumid condition of the abdomen generally; to the apparent existence of a slight umbilical hernia, and to the size and position of the ovarian tumor. Whilst all her muscles were thus relaxed by the ether, I, however, thought that the tumor was not so prominent as it had appeared to me on a former occasion, but as this was deemed by all near the table to be due to the absence of the compression made upon it by the contraction of the abdominal muscles, and as the tumor was yet perfectly distinct and moveable, no importance was attached to the observation. Accordingly, I proceeded to operate, assisted by Drs. Agnew and Campbell, and Drs. G. B. Smith and Braxton, and others of the House Physicians. Commencing a little to the left of the umbilicus, I divided the integuments to the extent of eight inches terminating within an inch of the pubis. On carefully dividing the tendon of the external oblique muscle, my finger touched the peritoneum, the linea alba being deficient, and the recti muscles separated at the umbilicus to the extent of one inch and a half by the great abdominal distension. On carefully incising the peritoneum, the omentum majus was found fully spread out over the intestines, thickened to nearly a half inch and filled by a lump-like and fatty deposit. It was also adherent to all the surrounding parts. After destroying some of the adhesions, the hand was passed into the left iliac region to feel the base of the tumor, when the ovary was discovered to be sound, though the uterus was somewhat, though not considerably

enlarged. As the tumor yet apparently existed beneath the abdominal parietes, the hand was carried more towards the left hypochondrium, and as the patient at this moment began to move, about fifteen feet of intestines protruded at the wound. These were very much glued together by adhesions due evidently to old peritonitis, and the tumor had doubtless been caused by the adhesion of a large intestinal convolution beneath a mass of indurated omentum; for on destroying the adhesions I destroyed also the globular form, and left nothing but an omental tumor. The wound was therefore closed by several points of the twisted suture, covered by adhesive strips and supported by a compress and bandage. On being placed in bed her pulse was 120, and as the effects of the anæsthetic passed off, she became restless, to relieve which she took a half grain of sulphate of morphia. Three hours subsequently her pulse was 78, her urine was drawn off, and she slept. From this time her treatment, which was carefully noted by Drs. Smith and Braxton, consisted in free doses of anodyne, of which she generally took a grain and a half of sulphate of morphia per diem; in the constant use of the catheter to prevent distension of the bladder, and in the close observance of an equable temperature, light diet, &c. On the 6th day the sutures were removed, and nearly the entire wound found to be healed by the first intention. On the 8th day her bowels were evacuated by an injection, being the first time since the operation, and on the 21st day she was able to present herself to the class, having never had a serious symptom. She is now able to move about freely, but yet suffers from hemorrhoids. Owing to the condition of her recti muscles, she wears a broad belt over her abdomen to prevent any tendency to hernial protrusion, the umbilicus being yet as patulous as it was prior to the operation.

*Remarks.*—The propriety of even attempting the relief of ovarian tumors by the operation of ovariotomy is a surgical question that must be regarded as yet unsettled, the very conservative spirits in the profession looking on it with great repugnance, and the more progressive urging its performance, as the least dangerous method of accomplishing a cure. When undertaken with ordinary skill, the operative proceeding does not present any great difficulty, and the results of the case

that have been reported certainly show that the risks of peritonitis are not so great in abdominal tumors, especially when adherent as they were formerly supposed to be. But the difficulties of diagnosis, and the numerous instances in which the operation has failed in the accomplishment of its object, multiply daily, and must be regarded as serious obstacles to the establishment of ovariotomy as a settled point of practice for the relief of these tumors. Unless surgeons, when tempted to operate, place their cases upon record without any reference to the success which attends their efforts, no true progress can be made towards the settlement of this question.

The failures which are due to errors of diagnosis are not rare. Lizars of Edinburg, in 1825, reported a case similar to the preceding one, the recti muscles being separated by the distension, the abdomen laid open, and yet no tumor found, owing, as he remarks, "to the great obesity of the patient and the distended fulness of the intestines.\* In a second case, the tumor could not be removed in consequence of the enlarged and adherent condition of the omentum. Dr. Bright† also mentions a case in which after the abdomen was opened no tumor was found. Diefenbach‡ attempted the removal of an ovarian tumor, but after laying open the abdomen found a tumor connected to the vertebra, which contained vessels that pulsated with great force, and on being punctured gave rise to profuse hemorrhage and symptoms of intestinal strangulation, though the patient recovered. Dr. Dohloff§ opened the abdominal cavity for the removal of a tumor, but after searching for it found none. Mr. South|| states that Jeaffreson, in his tables, reports 23 cases out of 74 in which the diagnosis was not sufficiently accurate to enable the surgeon to foresee the impracticability of carrying out his intentions. In 14 of these 23 there were adhesions to such an extent as to preclude removal, in 3 no tumor was found, and in 6 the tumor proved

\* Lizar's Observ. Extirpation of Diseased Ovaria, p. 6 and 7, Ed. 1825.

† Bright on Abdominal Tumors. Guy's Hosp. Reports, vol. 3, p. 257, 1838.

‡ British and Foreign Med. Review, vol. 16, p. 400, 1843.

§ Brit. and Foreign Med. Rev. vol. 16, p. 401, from Rust's Magazine, 1838.

|| Chelius, Philada. edit., vol. 3, p. 213.

to be other than ovarian. Dr. Washington L. Atlee\* refers to 222 cases of ovariotomy, in 6 of which there was no tumor, or 1 in every 37 cases.

Although these references show that the errors of diagnosis in abdominal or supposed ovarian tumors are not rare, there is, I fear, reason to think, that if all the errors had been published, the number would have been much augmented, two cases having come to my knowledge in which there was no tumor, though the operator was very explicit in stating the infallible signs of its existence prior to the operation. Where truth is stated and facts multiplied by publication, a correct result must be obtained in any question, and it is to be hoped that no surgeon who feels justified in performing ovariotomy will hesitate in placing his operation on record for the benefit of the profession, no matter what may be the result. He who is not conscious of having made an error of diagnosis, must either have been deficient in opportunities of investigating and treating disease, or be wrapped in an impenetrable mantle of self conceit.

*Philadelphia, November 1854.*

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*Cases of Albuminuria.* By F. W. LEWIS, M. D.

The subject of Bright's disease of the kidney in its various bearings has been so carefully and thoroughly investigated by a host of distinguished observers, that it would argue a certain amount of presumption in the writer to fill the pages of a Medical Journal with the details of the subjoined cases, in the expectation of eliciting anything very original or new: nor was such his idea in their publication. These cases are merely designed to illustrate and bring forward in a strong light one or two points of interest occurring in connection with a symptom regarded as essential to the disease, viz. dropsical effusion.

No fact is perhaps better established in the history of this singular and protean malady than the liability of dropsical effusions to remissions and exacerbations at longer or shorter intervals, or perhaps of occasional amendments, so considerable and durable that the patient is enabled to attend to his ordinary duties and avocations for months and even years.

\* Table of all the known operations of Ovariotomy, p. 28. Phil., 1851.

The first of these cases is an extreme illustration of this fact, demonstrating as it does, the small prognostic value to be attached to this symptom (dropsy) in Bright's disease, even when in the most advanced and apparently hopeless stage, and also how rapidly and completely it may subside under these circumstances, without any signs of improvement in the disordered eliminatory function of the kidney.

CASE I.—Nathaniel Matthews, *aet. 45*, (colored,) a porter of somewhat intemperate habits, applied for advice at the Philadelphia Dispensary, Nov. 22nd, 1852. He had suffered for about a year with dropsical symptoms and dyspnœa, but up to eleven weeks previous to date of application, he had been able to follow his employment. About this time the dropsy began to increase rapidly, and the difficulty of breathing became so urgent as to threaten suffocation. He was afflicted with an inordinate craving for food, devouring daily enough for two or three adults, and his diet, as is customary with many of the lower classes of negroes during the season of the year when that fish can be procured, consisted mainly of sturgeon fried in oil; a dish which he obstinately persisted in taking during his entire illness, and which there is every reason to believe contributed to hasten his end.

He also complained of heavy lumbar pains, but had noticed nothing abnormal as to appearance or quantity in the urinary discharge.

When I first saw him his face was emaciated, the upper extremities and cellular tissue of the eyelids and chest were slightly infiltrated, while enormous dropsical enlargement of the belly, scrotum and legs existed. The lungs were much compressed by the fluid in the abdominal cavity. The only abnormal auscultatory sign was a moist muco-crepitation, heard posteriorly at the base of both lungs. The heart appeared healthy, and the pulse, though feeble and frequent, regular. Digestion was impaired; thirst tormenting and constant; the appetite as before stated, ravenous, and the bowels usually constipated. The peritoneal cavity was distended with water to its utmost capacity, and the stomach was also filled with gas, circumstances which contributed greatly to the discomfort of the patient by increasing the dyspnœa. His principal suffering, however, he referred to the scrotum. This was so enormously infiltrated as to cause a com-

plete obliteration of the penis, and the urine escaping over the surface had caused inflammation and superficial sloughing of the integuments.

The urine on examination was found to contain albumen, together with the casts peculiar to Bright's disease, in large quantity. The amount passed could not be conveniently ascertained.

The patient, in view of his enfeebled condition, was at once placed on the use of diffusible stimulus (gin and essential oil of juniper) and bitart. of potash given in laxative doses. The scrotum was poulticed and supported.

For the next six weeks the urgency of the symptoms rather increased. The over-distended skin gave way at several points, and a copious furfuraceous eruption resembling pityriasis, attended with acute itching and burning pain, appeared over the abdomen, chest and thighs. The pulse had become very feeble and frequent, at times hardly perceptible; more than once symptoms of œdema about the glottis were observed, and the signs of pulmonary engorgement were also more noticeable.

Unable to lie down night or day, tormented by restless insomnia and vague hallucinations, presenting occasionally grave nervous symptoms originating in transient attacks of urinary suppression or retention, the patient was rapidly sinking, when as a "dernier ressort," he was tapped at his own request about the latter part of December, and several gallons of fluid drawn off. Contrary to general expectation considerable temporary relief followed, though for a day or two he was alarmingly prostrated. Shortly afterwards, however, the fluid re-accumulated in the peritoneal cavity, and by the end of the next month, January, his condition was nearly as critical as before the operation. For the ensuing three months he dragged on an existence of protracted, hopeless suffering, anxiously and momentarily expecting death, sustained only by stimuli. Twice a large portion of the integuments of the scrotum sloughed away, and vibices formed at various parts of the surface. The body at times exhaled an insupportable ammoniacal odor, and not unfrequently the patient would fall into a comatose condition for days at a time. Various plans of treatment were tried, and all the most valuable and energetic diaphoretics and alterative medicines prescribed separately or in combination. The various preparations of

iodine, of potash, arsenic, iron, the vegetable diuretics and hydragogues were pushed as far as prudence would warrant, but nothing afforded the slightest relief. Finally he became dissatisfied, and was induced by his friends to apply elsewhere for medical aid.

For some months I lost sight of him entirely, and towards the end of summer was quite surprised by meeting him on the street carrying a heavy market-basket. Few, if any traces of dropsy were observable, and excepting asthma, an affection to which he had always been liable, he maintained that his general health was altogether re-established. Some drug, administered by a lay-practitioner enjoying an enviable reputation with patients of this class, had, he stated, caused a copious but by no means exhausting drain upon the kidneys and bowels, and a fortnight of this treatment had sufficed to remove the dropsy altogether.

With considerable difficulty a specimen of his urine was obtained and tested. The evidences of progressive disorganization of the kidneys were visible in a notable increase in the amount of albumen and tubular casts. Pus was also detected.

For several months the progress of the case was watched by the writer with considerable interest. The patient during that period had one or two slight relapses, and also wasted in flesh, but by promptly having recourse to the medicine obtained from the lay adviser, (called dropsy pills, and containing certainly gamboge and probably elaterium, in combination with some oily substance,) he was always relieved. During February of the present year, at least 10 months after the disappearance of the dropsy, this symptom recurred, and his system a second time showed evidences of breaking up. The general aspect of the case much resembled that noted during the first attack; the tendency, however, to peritoneal effusion being less, while the disposition to anasarca was greater than at that period.

He found no longer any benefit from using the medicine which had before so frequently relieved him, and I was again requested to attend him. He was placed on the use of iodide of potash, and the gaseous distension of the stomach being a prominent and distressing symptom, carminatives were freely given.

In the course of a fortnight, the anasarca had notably di-

minished. The bowels acted more freely, and the urine was copious. From being unable to take food, except in small quantity, his appetite returned, and with it his unhappy predilection for unwholesome articles of diet. For six or eight weeks he continued to improve, and had gained in strength. The fluid had entirely disappeared from the abdomen, and but for the stiffness and cellular induration of the lower extremities, he would have been able to walk about; when, towards the end of July, during the present summer, after an unusually hearty supper of fried fish and cabbage, he fell a victim to his rashness, literally perishing from gaseous distension of the stomach and bowels.

An autopsy was kindly made by Dr. Da Costa in the absence of the writer. Owing to excessive heat and the advanced stage of decomposition of the body, the thoracic viscera were not examined. The liver was healthy, though somewhat enlarged. Both kidneys were found to be twice as large as natural, the external surface was pale yellow and dotted, and a section presented a very characteristic example of the true granular degeneration in an advanced state. Pus existed in the calices, and could be expressed at various points from the substance of the kidney.

The prognosis in any case of albuminuria which presents evidence of organic lesion of the kidney in the tubular casts and organic globules of the urine, has always been and still is regarded as necessarily and uniformly fatal; the above case affords no contradiction to the rule, yet it cannot be denied, that in the present instance the uncertain march of the symptoms and breaks so complete in the chain of morbid action, might tend to mislead the practitioner inexperienced in histological medicine. The presence of albumen alone in the urine has ceased to be regarded as pathognomonic of chronic cachectic nephritis, and in the absence of corroborative proof afforded by this very important aid to diagnosis of the existence of other abnormal elements in the urinary secretion, an observer might reasonably be excused for inferring a favorable termination in such cases.

Another point of interest lies in the very capricious and changing action of medicines at different epochs of the disease, in modifying the amount of dropsical effusion. Science is at a loss

for an explanation of these anomalies, which, although they necessarily tend to favor empiricism, yet teach the physician never wholly to abandon hope in any case of dropsy, however desperate in appearance, even after exhausting all the resources of *materia medica*. A remedy, which at one period faithfully given was ineffectual to relieve, may at another, be productive of signal benefit.

It has been a question, too, as to the advisability of tapping subjects with Bright's disease, when death seems imminent, and more particularly where the ascites is complicated with anasarca. In this connection, the writer may remark that he has twice performed this operation, under these circumstances, with great temporary relief to the patients, the cellular infiltration becoming less, coincidently with the disappearance of the fluid in the abdominal cavity.

The second case affords a striking instance of recovery after the gravest symptoms of constitutional poisoning, from absorption of urea, following urinary suppression.

Hannah Etchel, *aet.* 21, domestic, was admitted into the Pennsylvania Hospital, (term of Dr. W. E. Pepper,) in the early part of March, 1849, presenting symptoms of general dropsy.

About thirteen years before, while convalescing from scarlatina, she was attacked with anasarca, a condition shortly followed by coma and convulsions. These symptoms apparently produced no lasting impression on her general health, which, with the exception of occasional slight catamenial irregularities, had been quite fair up to the date of the present affection, fixed by her at seventeen or eighteen months before admission to the hospital.

At that period she had measles, succeeded by much the same symptoms as those observed after the scarlet fever, excepting that these, in the last instance, proved more permanent and were associated with, perhaps preceded by, the phenomena of anæmia.

At no time since, had she been entirely free from dropsical effusions; frequent and severe headache, habitual constipation, together with some menstrual disturbance, were complained of during this period.

The condition and symptoms of the patient when I first saw her on the 31st of March, about three weeks after her admission into the medical ward, are described in the following note:

"Body, generally dropsical; cellular tissue of the extremities much infiltrated, and pitting everywhere on pressure; surface cool; complexion waxy, pale; face, and especially eyelids, very puffy; eyes prominent and staring, and both sight and hearing considerably impaired.

Intelligence is average; suffers from constant headache, subject to frequent exacerbations; these last observed to coincide with increase of dropsy, and with more or less embarrassment of the digestion, and urinary function. Patient complains of inward fever and unquenchable thirst; the tongue is red, smooth and pointed; appetite indifferent; there is ordinarily more or less nausea, and sometimes vomiting of light greenish fluid, and obstinate and habitual constipation.

The circulation is languid, pulse averaging 80, feeble; heart's action weak; slight souffle, with the first sound evidently anaemic.

Respiration is healthy; the amount of urine passed varies, being usually abundant, limpid and whey-like, of low sp. gr., precipitating by heat and nitric acid, a copious deposit of albumen."

The treatment at this date consisted in the frequent administration of brisk drastic purges, potass, bitart. and jalap, with infus. of juniper berries, warm bath on alternate nights and a good diet.

A day or two afterwards (April 1st,) an aggravation of all the symptoms took place, probably due to exposure to cold. The headache and nausea became severe and unremitting, the oedema at the same time sensibly gaining ground; her bowels had been unusually confined for some time previously, the jalap, &c. failing to produce a daily evacuation in doubled doses. By the 12th, these symptoms became so urgent, particularly the last, and the dropsical effusion had so considerably increased, that Dr. Pepper decided on prescribing a quarter of a grain of elaterium, to be repeated, if required, in two hours. It is believed, though not positively known, that for three days no discharge from the bowels had occurred; and for the same period, the urine had been passed in exceedingly small quantity. During the day, this drug acted quite freely on the bowels, but there was no reason to infer that any very excessive or debilitating action on

the system followed its administration, as in the evening, the patient felt better and more comfortable in every respect, and slept for some hours.

At 3 A. M. was informed by the night nurse that the patient had been seized with convulsions and appeared to be dying. I found her lying on her back on the ward floor in a condition of rigid spasm, and almost without motion; her head thrown back; eyes wide open and staring, pupils dilated and sluggish. Her complexion was ashy pale, and her breathing stertorous; the pulse rather full and frequent. Cups were without loss of time freely applied to the spine, and sinapisms to the epigastrium and extremities. These measures seemed to have the effect of arousing her from the stupor, and of relaxing the spasm somewhat; but whether from the constitutional irritability developed by the application, or from some cause independent of this, she almost immediately lapsed into convulsions, which followed each other at brief intervals up to 6 o'clock, when a gradual subsidence of the symptoms took place. The pulse moderated, stertor disappeared, the pupil contracted to its normal dimensions, and she fell into an uneasy slumber.

At 8 o'clock found the patient sitting up in bed. She was quite rational; complained of intense headache, also of dull, uneasy pains about the muscles of the neck and nucha.

In this condition she remained for about half an hour, when the convulsive seizures recurred with augmented violence. These attacks in all respects resembled the first, with the addition of violent spasmodic twitchings of the facial muscles and rigid upturning of the eyeballs during the paroxysm. The right side of the body was also observed to be more powerfully convulsed.

Soon the cellular tissue of the eyelids, sides of the neck, and upper portion of the chest became greatly swollen, while elsewhere, the effusion was visibly on the increase. Although the pulse was feeble and rapid, the carotid impulse, on the other hand, was quite forcible. During the intervals she was entirely comatose.

At 11 o'clock she was seen by Dr. Pepper, who directed the sinapisms to the spine, and (the patient not being able to swallow) brandy f.ʒss. by injection every hour; but so desperate did her condition appear, and so great the prostration, that

but little if any hope was entertained of her surviving till evening.

During the afternoon violent convulsions succeeded each other with brief intervals; the anasarca, meanwhile, rapidly increasing, and the pulse sinking to a mere thread. Partial paralysis of the right side, as indicated by comparative immobility of the arm and leg during the paroxysm, it was thought existed, but this point could not be conclusively established. Inability to swallow continued, but the brandy injections were in great part retained. At 10 o'clock death was momentarily expected to take place. No urine had been passed for 34 hours, during which period the catheter was twice introduced without result.

She lingered in much the same state through the night, the convulsions not being so frequent or violent, but the vital forces being at so low an ebb as to require the hourly administration of an increased amount of brandy by injection. Towards morning the urinary secretion was suddenly restored, a large quantity of water being passed away in bed involuntarily. At the morning visit she presented much the same aspect and symptoms; the twitchings and jactitation were more marked and frequent, the convulsive seizures less so. The condition of the intellect, pupil, and pulse were as before; no alvine evacuation had taken place, and the urine dribbled away uninterruptedly. Ordered injection of oil of terebinth. f<sub>3</sub>ss. mixed with the white of two eggs.

About noon a decided abatement in the severity and frequency of the spasm was perceptible. The cutaneous sensibility returned, and the pulse fell to 105. The coma persisted, but was not so complete, and the breathing lost its stertorous character. Great restlessness, with constant tossings and moanings. The pupil began to contract. Later in the day the patient had a free and natural discharge from the bowels, and consciousness in a measure returned. When requested to protrude her tongue, she did so, and with considerable effort managed to swallow a little tea. The ensuing night she passed comfortably, the urine coming away freely, but without her being conscious of the fact.

From this date she began to convalesce, but very gradually. Her first complaint, as consciousness returned, was of loss of sight and defective hearing. For several days her intellect was very dull and confused. She had presence of mind to indicate her

wants and regained the control of her sphincters ; but when not roused by questions, or by the stimulus of unsatisfied appetite, or natural wants, her condition was one of low delirium. She was the victim of curious and distressing hallucinations, fancied she saw strange objects, such as pigs and cats, around her bed, and, in fact, presented symptoms of cerebral excitement, analogous to those observed in mania-a-potu.

As recovery advanced and the secretions became more regular, the dropsy correspondingly diminished. The headache returned with consciousness, varying in intensity, but always present. The pupils contracting gradually, allowed of a limited and imperfect vision, but there was every reason to infer what subsequently proved to be the case, that grave and irrecoverable lesion of the optic nerve had taken place. With the exception of acute pain and spasmodic contraction of the muscles of the neck and jaws sometimes noticed, convalescence steadily progressed up to the 18th of May, when the œdema slightly increased, more particularly in the eyelids and face. Respiration became hurried and was accompanied by a wheezing sound in the larynx. On ausculting the chest, the left side was found to be dull on percussion posteriorly over lower half, the respiratory sound being scarcely audible over the same extent. She had some cough and viscid expectoration. There was also more or less œdema of the glottis, with infiltration of the uvula and half arches.

A strong solution of *argent. nitrat.* locally applied relieved this last symptom, but for a day or so the condition of the patient was critical in the extreme. By the 22d she was again convalescent.

She remained in the hospital about a month longer, during which period the amount of albumen in the urine underwent no diminution. The headache lingered, and she still wore the same anæmic aspect : the partial amaurosis and deafness also troubled her somewhat, but, with these exceptions, her general health was much better than it had been for months, and she considered herself as sufficiently re-established to marry, for which purpose she left the institution on the 29th of June of the same year.

Some months afterwards I met her ; she had experienced a second attack similar in many respects to the first, only not so severe or so long continued. She was almost childish and helplessly blind. The dropsical symptoms had not been urgent at

any time after leaving the hospital. She remained under the care of Dr. B. H. Rand up to the period of her death, which took place in November, 1850, and it is a rather remarkable fact that during these months she complained of little beside the amaurotic affection. She died comatose.

The writer is indebted to Dr. Rand for the following particulars relating to the condition of the body as revealed at the autopsy made by him. The brain was found somewhat engorged (membranes) and there was some serous effusion into the ventricles. The thoracic viscera were healthy, as also were those of the abdominal cavity, with the exception of the kidneys. These were both much enlarged and flabby, of a pale yellow color, presenting a marked example of fatty degeneration.

Suspension of the renal function, an accident occasionally met with in chronic cachectic nephritis is commonly of short duration, and only partial in degree, its effect on the system being manifest in unusual drowsiness and a lethargic condition, amounting at times to coma. Dr. Copland in speaking of the secondary affections of Bright's disease, observes of cerebral complications, that they sometimes occur in the renal malady, but chiefly in its more advanced stage and acute form, and consist of convulsions and apoplectic seizures of longer or shorter duration, and he specially alludes to a mixed state of apoplexy and convulsions as being invariably significant of a fatal termination. The pathological condition found in these cases is commonly effusion of serum containing urea into the ventricles of the brain. That some such condition must have been present in the above case scarcely admits of a doubt, and hence the fact that recovery and reabsorption of serum in the ventricles, or as is not improbable of a coagulum of blood, should have taken place, cannot but be regarded as altogether remarkable, if not unprecedented.

It might, perhaps, be objected that the patient's sex, age, and state of general anaemia, predisposed to convulsive attacks, depending on simple functional disturbance of the brain, but that this could not have been the case is apparent from the undoubted evidence of organic lesion afforded by the sequela.

## BIBLIOGRAPHICAL NOTICES.

*On the Nature, Signs, and Treatment of Child-bed Fevers, &c.*  
By CHAS. D. MEIGS, M. D., Professor of Midwifery, &c., in  
Jefferson Medical College. Blanchard & Lea, 1854.

This work, addressed by Dr. Meigs, in a series of lively and instructive letters to his pupils of the Jefferson Medical College, has for its avowed object, to prove, that there is no such thing as puerperal fever, that is a primary fever, produced by a vitiated or contaminated condition of the blood, causing, as an effect, the anatomical lesions founded on dissection. This fermentation, putridity, poisonous material, or whatever else it may please physicians to call it, is utterly repudiated by Dr. Meigs as an unworthy remnant of the cerrement de lait doctrine, originating in ignorance and error, but now, by a sound and searching pathology, abandoned to stupid old women, or unprincipled quacks. Dr. Meigs maintains, that puerperal fever is a misnomer, which has helped to mislead and deceive, by fostering a belief that there is a specific cause of the disease independent of, and primary to the local inflammation; his firm conviction after great experience, careful thought, and diligent study of almost all the authors of note upon the subject, is, that all child-bed fevers, (of course he excludes the ephemera,) are primary inflammations of various portions of the intro-pelvic and abdominal regions and that whether that inflammation be a peritonitis, a metritis, a metro-peritonitis, or a metro-phlebitis, there is but one rational and scientific mode of treatment; that treatment is, blood letting, prompt and without stint. He admits that other modes of treatment have succeeded, but looks upon such cases as mere accidents; such patients recovered, but the doctor who prescribed did not cure; he merely stood by and witnessed a great struggle betwixt life and death, in which, happily, life prevailed.

But there are cases, numerous in hospitals, where the patients are in a sinking typhoid condition from the onset; is this puerperal fever? Dr. Meigs says no, but it might be typhus with a superadded puerperal lesion. But if it be typhus, how is it that a disease, almost universally believed to be contagious, kills all the parti-

rient women, and leaves untouched the old women, the young girls, and the men? Is this a valid argument? By no means. Our author is prepared for every thing, and provides for this difficulty by the somewhat startling assertion, that typhus fever is not contagious. To be sure he qualifies the opinion afterwards by saying, that he is not sure that it is not contagious, but entertains great doubts of it; nevertheless, takes advantage of the doubt, to sustain his own views and opinions, which, as might be anticipated, are totally opposed to the possibility of contagion in any form of puerperal disease. He maintains, that the opinion so general in the community and the medical profession, viz., that infection is often conveyed by nurses and doctors to their parturient patients, is utterly ridiculous. We confess we envy Dr. Meigs this conviction, so earnestly and eloquently expressed, for the doctrine would, if firmly believed in, prove an inestimable blessing and balm to the unfortunate practitioner, who should find himself and his patients the victims of this fearful scourge. To a sensitive nature, so situated, to doubt upon the subject of contagion would be distraction; to believe in it despair. But our author places him at once above such weakness. If patient after patient succumb, while fifty other practitioners never see a case, it is a singular coincidence, but nothing more; he has only to go on hoping and bleeding, and saying, with the gallant Frenchman, "c'est la fortune de la guerre."

The following passage shows how decided the opinions of our author are upon the subject of contagion: "You know that child-bed fever is contagious, because Dr. A. meets in his practice with seventy cases of the disease, while Dr. B., an equally busy man, does not encounter a single one, though they cross each other's path every day. Dr. A.'s track is marked out by victims, while there are no traces of Dr. B.'s path, except it be in recovered women. And you reiterate that facts are stubborn things. Yet you do not know, you only infer and suspect, or surmise that, if Dr. B. had taken charge of A.'s cases, and vice versa, the result would have been the same on the whole, only the dead women would have lived, and the others would have perished. Who told you so? You believe so. Well, I have some small respect for your belief, while I should bow reverently to your knowledge; you believe so, I don't believe so at all."

Well, we cannot say that we do know it for certain; but if such a case as Dr. Meigs proposes were brought forward, we think that the keenest non-contagionist would be staggered by it; he might not, certainly, be fully convinced, but he must doubt. Nor could the fine spun arguments and scientific jargon of ten thousand doctors convince the public mind that such a combination of circumstances was not the result of contagion. True, it may be said by professional men, that the public has no right to be considered in a purely scientific discussion. But this question is no such thing. One set of eminent medical men have proved to their own satisfaction, that puerperal fever is not contagious; another equally learned, eminent, and experienced, maintain that it is; a third party also highly accomplished and respectable, are not willing to commit themselves on either side of the question, but go on doubting, and will doubt until they cease to be, so that all their science put together, is but a jumble of hypotheses.

The following is a quotation from Professor Dubois, whom Dr. Meigs invokes to sustain his doctrine:

"When in an establishment for lying in women, several women are successively attacked, it is impossible to say whether there was infection or contagion in the case."

Again Professor Dubois says:

"But what shall we say of an indirect contagion, of which a healthy person, in some way, serves as the vehicle, and which could not pass from one woman to another, except in this way?

The possibility of such transmissions has been suspected, inferring from facts worthy of attention, doubtless, but the significance and importance of which have been singularly exaggerated, through ignorance, malice, or the spirit of system, the histories of them not being sufficiently circumstantial or precise to carry away the conviction of sober men."

We think that Prof. Dubois, in this instance, makes two perfectly unsupported assertions. In the first place, we have the honest admission of many able practitioners that they believe themselves to have been the means of transmitting contagion to their patients. Dr. Gordon records it of himself in sorrow-and tribulation. Now doctors are seldom wilfully malicious to themselves, and it was the interest of these men to ignore the facts

if it were possible for them to twist their consciences to such a point.

Again, the histories of these instances of induced disease may not be perfectly convincing; but we affirm, without fear of contradiction, that many of them are as clear and circumstantial in their detail of the following up of one case upon another, and traced from one victim to another, as distinctly as is to be found in the history of any contagious disease that has ever been described. We admit that the deductions therefrom may be erroneous, as they have often been, where the contagion of yellow fever, of plague, and many others has been the subject of argument, but the narrations are as systematic as the very nature of the subject (contagion) will admit of.

One of our author's arguments against the contagion of puerperal fever, in our opinion a very weak one, is as follows:

"It is an absolute condition of contagion, that it must undergo some certain incubation. If it is a ferment, it must have time to ferment; if a spore, it must have time to develope spores, &c."

But are we prepared to assert, that, during a severe epidemic of puerperal fever, some fermentation or incubation may not have been proceeding in the system, which, like a smouldering fire, only needed the stimulus of parturition, to burst into a blaze.

The following extracts show that Dr. M. admits this:

"Die Geburtskunde, &c., of Franz Kiwisch, 11 Abtheil 1 Heft, contains the remarks of that admirable writer on acute blood dissolution, and cholæmia of pregnant and lying in women. He says, it is allied to a diseased state of the blood in gestation, and that it sometimes exhibits its dangerous character in the clearest manner; and as an example of the malady he cites the following curious case, which is that of a woman 22 years old, of a stout well developed frame, and who, on the afternoon, on the 21st of January, 1851, came from the country to the lying-in hospital.

She had hardly left the conveyance and mounted the first step, when she fell, and with difficulty was got into the labor ward. It was her first pregnancy; slightly jaundiced; face cyanotic; extremities cold; pulse scarcely discerned; drops of thin dark blood from nostrils and genetalia; small ecchymoses on skin; could give no account of herself; pains were feeble; os uteri large as a dollar, and tense; head high up; foetal heart plainly audible. At 10 P. M. she seemed to be sinking, and was then delivered with the forceps, in half an hour after which she expired. The dissection exhibited a tendency within the en-

cephalon, thorax and abdomen, to oozing of blood here and there from the tissues; but there were nowhere any positive marks of inflammation."

It suits the views of Dr. Kiwisch and Meigs to call this a case of blood dissolution or purpura hemorrhagica. This robust, vigorous woman, died with all the worst symptoms of adynamic fever, because her endangium or blood membrane could no longer continue its office of nervous induction into the blood. Why this is a mere evasion; it means nothing, but that Drs. Meigs and Kiwisch cannot see a fever where a puerperal woman is concerned; if no contaminating or disorganizing cause killed that blood membrane, it becomes the vaguest of all possible speculations.

The author then addresses the following words to his pupils:

"I am well pleased to have recited for you Kiwisch's case of acute blood dissolution, because it ought to show you that a pregnant woman may, even before labor begins, have her blood in such a condition as to destroy her suddenly, and also that the blood might become so greatly changed under the irritations which in pregnancy supervene for some women, that there is the highest probability of diseases following the birth of the child."

Yet Dr. Meigs denies that there can be a fermentation or blood poisoning; he insists, that the endangium is the seat of the primary abnormal action, which affects that fluid secondarily; but there are certainly other causes for disease in the blood. Besides the derangement of the doctor's favorite membrane we may cite cholæmia, caused by a derangement of the hepatic functions. And does not urea accumulated in the blood poison to death; or if the lungs lose their power of sufficiently oxygenating the circulatory system, is it not poisoned by carbonic acid? Besides, whether the blood be dependent on the endangium, or that membrane on the blood for its healthy action, or whether both, or neither have any direct or primary influence, is after all but hypothesis. To use the author's favorite expression, we don't know it.

Nor are dissections revealing inflammatory lesions, upon which, of course, the opponents of the existence of puerperal fever support their position, as definite and conclusive as they suppose, for surely no scientific physician, unblinded by some sense-absorbing theory, will maintain that pathology is synonymous with

morbid anatomy, or that the scalpel is the only mode of investigating disease.

This question, no doubt, will long continue to be a vexed one. The present state of our knowledge upon the whole subject of contagion is too uncertain and contradictory to form data for settled opinions, and so long as authors, however talented, continue to interpret the phenomena of nature to suit their own peculiar views of a subject, it must remain a fruitful source of contention.

That part of Dr. Meigs work most interesting and instructive, is where he treats of uterine phlebitis, the production of pus and the effects of its entrance into the circulating system. His descriptions of the symptoms attending this fatal accident are perfect, and his instructions for making correct diagnosis most practical and useful.

In letter xv. the progress of a fatal case of metro-phlebitis is as graphic in description as it is touching and eloquent in composition. We cannot resist the pleasure of making the following quotation, though our space is limited :

“ What shall I say, in a weak, vain hope of portraying the feelings with which the physician approaches the bedside of one so perilous; what of the deep inner conviction with which, on glancing at the countenance, the decubitus, the gestures, or on touching that hurrying artery, or on perceiving that morbid heat or coolness, or hearing those expressions that lift him on the one hand to the height of hope, or whisperingly tell that the vein is inflaming more and more, that the purulent infection is begun, and that his art, with his wishes, prayers, hopes, are all alike in vain.”

The next is a very fine description :

“ Then came calm tranquillity, the greatest gentleness, scrupulous politeness, and careful attention to her personal appearance and array, but the pulses ever beat faster and weaker; eructations of gases; then of colorless fluids; then porraceous vomitings; then darker ones; and at last black vomit; lessening pulses; increased respiratory efforts; cooling hands and feet, that turned bluish in their cyanosis, until at last a death-like coldness overspread the limbs, and the icy king advanced slowly to the conquest he made over what was most enchanting among educated, elegant women. Stupor, lethargy, scarcely to be roused, then deep coma, and at last death; rest for the victim, and tears and suppressed moanings for the bereaved. Why say all this? Why, a physician to practice midwifery must be made of stone if he would not feel on these occasions; and if he have a heart of flesh, he surely deserves the sympathy of all good people when he turns away a baffled man, after faithful, well conducted efforts to save one whom no art could save.”

Dr. Meigs treats of all the usual remedies in puerperal fever. His directions for their use are given with all the author's acknowledged practical sense and discretion; but bleeding is his sheet anchor, though he admits that cases do occur where it is inadmissible; such he regards as very unpromising, and measures the chances of success by the amount of bleeding which the patient can bear. Now the whole profession, we think, will agree with him in admitting that in all those cases, accompanied by frank, febrile symptoms, such treatment is excellent, and will often effect a cure. But Dr. Meigs avoids mentioning a fact equally well established, viz., that those puerperal diseases which bear free, sanguineous evacuations are the least formidable.

Though we differ with some of the theories advanced in this book, we sincerely admire its manifold merits, and would be far from wishing to snatch one laurel from the brow of its accomplished author. The epistolary form, we confess, we do not like, and the style of Dr. Meigs is at times wordy even to affectation, but he has evidently studied his subject profoundly, and throws himself into it with an honest fervor which rivets his reader's attention. The earnest intensity and sympathy of many of the paragraphs could only emanate from a gentle, generous spirit.

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*A Systematic Treatise, Historical, Etiological and Practical, on the Principal Diseases of the Interior Valley of North America, &c. By DANIEL DRAKE, M. D. Edited by S. HANBURY SMITH, M. D., &c., and FRANCIS G. SMITH, M. D. &c. Second series. Philadelphia, Lippincott, Grambo & Co. 1854.*

This most comprehensive work of the lamented Drake will be received with no common feelings by the medical profession of our country. Its posthumous character will at once recall those personal and intellectual traits which made its author beloved and respected by all who knew him. Dr. Drake was no ordinary man. With few advantages of early education, his untiring industry and devotion to his studies, his enthusiastic and enquiring mind, and his excellent natural abilities, enabled him to amass an amount of knowledge which was truly wonderful. His various and extensive writings show how earnest and severe were his labors in behalf of that science to which he had devoted himself. By these and his public teachings, he did much to

stimulate and improve the Western medical mind. He was also a zealous advocate and promoter of every scheme of public improvement. It may be truly said of him that he possessed all the attributes which should belong to the Physician, being able, conscientious and true-hearted. Even now, though he has passed away from us, his life-long testimony remains, a memory and example which can never die.

“Only the memories of the just  
Smell sweet and blossom in the dust.”

The present work, Book Second, comprising nearly one thousand pages, embraces five parts, in which the subjects of Autumnal Fever, Yellow Fever, Typhous Fevers, Eruptive Fevers, and Phlogistic Fevers, (the Phlegmasiæ,) with their histories, modes of action, pathology, treatment, &c., are most fully and accurately described. It is mainly, however, to the immense amount of local information afforded us, information which spreads over a vast extent of country, and to the writer's ingenious speculations, that the work owes its principal value.

The progress of society in the Great Valley is indicated in the following curious passage :

“ In the early settlement of the country, the border warfare with the Indians led to many gunshot wounds ; while the warlike spirit, which external dangers nourished, assumed the character of pugnacity, and led the hardy and fearless backwoodsmen to turn upon each other. Both casual and pitched battles were common events ; but the state of society was so primitive, that the instruments of mischief were generally the hands and teeth. A pommelling with the first, sufficient to give two or more cases of inflammation and fever, was a frequent result ; and the injury and loss of an eye, followed by the same consequences, was equally common ; while severe bites on the face and hands now and then gave poisoned wounds, which healed with difficulty. The secretion of an acrid saliva under the influence of rage, is an effect which finds its parallel in the carnivorous animals, and cannot, therefore, be rejected as visionary. With the progress of society this pugnacity has signally abated ; yet enough remains to render it formidable to life, for the pistol and the bowie knife have in many parts of the Valley supplanted the teeth and fist.”

As a book of reference alone, containing matter which it would be difficult, if not impossible, to obtain elsewhere, Dr. Drake's work should command a place in the library of every American physician. The print and paper do great credit to its enterprising publishers.

*The modern treatment of Syphilitic Diseases, both primary and secondary; comprising the treatment of constitutional and confirmed Syphilis by a safe and successful method; with numerous cases, formulæ and clinical observation.* By LANGSTON PARKER, Surgeon to the Queen's Hospital, Birmingham. *From the Third, and entirely re-written edition.* Philadelphia, Blanchard & Lea, 1854.

The volume before us contains very full and perspicuous information on the treatment of Syphilitic Affections, both primary and constitutional. In addition to the extensive experience derived from a large hospital, Dr. Parker states, that he has personally treated more than eight thousand cases. From this ample store he has constructed the present work, which will be found an excellent guide by those who need information on these subjects. He considers the simple non-mercurial treatment as more proper in the primary treatment than in the secondary form of the disease. Even in this form, the cures are often more apparent than real, the disease recurring again when the patient returns to his customary occupation. When low diet, rest, opiate and astringent washes, aperients, &c., have all failed to cure, then, and not till then, he uses mercury, and "this is certainly," he states, "the result of modern experience on the subject." The indications for the use of mercury in primary syphilis are the following:—"When a sore remains long open and shows no disposition to heal under the non-mercurial plan indicated. 2. When secondary symptoms appear before the primary disease is cured. 3. In well marked indurated chancre, more especially if these have been tested by inoculation. 4. In all characteristic sores which have yielded a characteristic pustule by inoculation; the indications for the employment of mercury in the two last mentioned class of cases is still more pressing, if the primary sores be accompanied by bubo. 5. In certain cases of rapidly spreading ulceration, hereafter to be mentioned."

Of the internal administration of mercury *alone*, for the cure of the disease, he has a poor opinion. He entirely agrees with Sir B. Brodie, who says:—"You may patch up the disease by giving the remedy internally, but it will return over and over again." The treatment by inunction, he considers to be both

more certain, milder and safer. It is essential, however, that the patient be confined to a warm room, or to his bed. Infantile syphilis is stated to be more successfully treated by this method than by any other. The plan, however, which his experience has satisfied him to be the most successful, and accompanied with the fewest disadvantages, is *fumigation*. This is done by vaporising the mercury from a tin plate by means of a spirit lamp, and mixing it with a small quantity of common steam, so that the patient may be exposed to a gradually increasing temperature. With this method, he advises the administration of small doses of mercury, as, for instance, the twentieth of a grain of the bichloride or biniodide and a milk diet. In the 22nd chapter, full directions are given as to the apparatus required, the form of mercurial, and other requisites needed in fumigation. He considers the treatment by vapor to be applicable to *every* form of constitutional syphilitic disease, and beyond all doubt the most speedy, certain, and safe remedy that can be employed. We shall not enter into any further remarks upon Dr. Parker's work. We shall merely state that it has passed through three editions in England, has long been recognized as a standard work there, and is well and favorably known to the profession in this country. We dislike the wording of the title page. It strikes us as being too much in the vein of the advertising gentry. With this exception, we sincerely recommend the work to our readers.

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*Nature in Disease, illustrated in various Discourses and Essays, to which are added Miscellaneous Writings, chiefly on Medical Subjects.* By JACOB BIGELOW, M.D., Physician and Lecturer on Clinical Medicine in the Massachusetts General Hospital, etc. Boston: Ticknor & Fields. 1854.

This little volume contains a collection of Dr. Bigelow's papers, chiefly bearing on the subject of "nature in disease," the basis of which was his discourse on "self-limited diseases," delivered before the Massachusetts Medical Society in 1835.

The study of the natural history of disease is closely connected with an accurate study of pathology, and thus it was that the "vis medicatrix naturæ," although so frequently invoked in the

writings of the older physicians has not been carefully investigated until the present era in medicine.

In the volume before us Dr. Bigelow enquires into the individual diseases which belong to the class of self-limited diseases, and in how far medicines are capable of controlling morbid changes. Remarks on so important a subject, coming from one who for upwards of a quarter of a century has been such a close observer, must necessarily be listened to with attention by the whole profession.

The chief diseases which are at present considered self-limited, are measles, scarlet fever, and small pox. To these Dr. Bigelow adds of the more common affections, erysipelas and typhoid fever. The latter he considers self-limited mainly on account of its marked affinity with the class of eruptive fevers. We have, however, more than mere analogy in favor of this view. Both Louis and Nathan Smith, names intimately connected with the history of typhoid fever, affirm this to be the result of their long experience.

The great barrier to an appreciation of the effect of remedies must always be the difficulty of distinguishing between the symptoms of diseases and those produced by the use of the medicines employed. There are, besides, other obstacles which blind our judgment, and which are so happily alluded to by Dr. Bigelow, that we will be excused for producing the passage at length.

“Independently of the common defects of medical evidence, our self-interest, our self-esteem, and sometimes even our feelings of humanity, may be arrayed against the truth. It is difficult to view the operations of nature, divested of the interferences of art, so much do our habits and partialities incline us to neglect the former, and to exaggerate the importance of the latter. The mass of medical testimony is always on the side of art. Medical books are prompt to point out the cure of diseases. Medical journals are filled with the crude productions of aspirants to the cure of diseases. Medical schools find it incumbent on them to teach the cure of diseases. The young student goes forth into the world, believing that if he does not cure diseases, it is his own fault. Yet when a score or two of years have passed over his head, he will come at length to the conviction, that some diseases are controlled by nature alone. He will often pause at the end of a long and anxious attendance, and ask himself, how far the result of the case is different from what it would have been under less officious treatment, than that which he has pursued; how many in the accumulated array of remedies, which have supplanted each other in the patient’s chamber, have actually been instrumental in doing him any good.”

We might quote still further from this excellent little essay, replete as it is with the sound thoughts of a distinguished medical philosopher, but we have extracted enough to show its general character, and to recommend it most strongly to the attention of every reflecting physician. Besides the discourse on self-limited diseases, Dr. Bigelow's little work contains many interesting papers, of which the Report on Homœopathy, the Remarks on the Mucuna Pruriens, those upon the poisonous effects of the American Partridge, and the Experiments on Pneumothorax, are most worthy of notice.

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*Phreno-Geology: The Progressive Creation of Man indicated by Natural History, and confirmed by discoveries which connect the organization of the brain with the successive geological periods.* By J. STANLEY GRIMES. Boston and Cambridge: James Munroe & Co. London: Edward T. Whitfield. 1851.

We have been induced to notice the work before us, although not within the legitimate field of our duties, by the fact that it has obtained a large circulation, particularly in the Western States, and is probably considered by many persons ignorant of the subjects touched upon as setting forth orthodox scientific views. We shall make no apology, therefore, for directing attention to a work which would otherwise only merit contempt and silence.

It is mainly owing to such writers as Mr. Grimes that so much dislike exists in many minds to the study of those discoveries of science which seem to be in opposition to the letter or spirit of revelation. We find, indeed, several instances where the *literal* interpretation of scripture *is* at variance with the clearly established facts of science, yet little difficulty need be found in reconciling them, when we bear in mind that the language used must of necessity have been such as could be easily comprehended by the uncultivated minds to whom it was addressed. We may be sure that no *real* discovery *can* be at variance with divine or scientific truth. Our duty is simply to *prove the truth* of the discovery and of the theories founded thereon; and we need not fear that in so doing we are entering upon forbidden ground.

Very different is the course pursued by the promoters of that

false philosophy founded upon groundless hypothesis and superficial learning, that finds its best security in attacking the statements of the Bible, and hides the utter want of foundation for its facts and arguments by virtually thrusting forward the proposition, that as the statements of Genesis are not apparently in accordance with some of the discoveries of geology, therefore their discoveries are true, since they contradict the book of Genesis also. To the ignorant and those who cannot obtain better information from books or persons, the false statements and idle theories that are found in works of this class appear true and just, and their minds become filled with errors that shake their faith in the religion of their youth, giving them in place thereof nothing but the nonsensical views of a charlatan.

Others, again, whose religious opinions are deeper rooted, but who are as equally unfit as the former class to judge of the truth of the so-called new discoveries, naturally look at them all in the same light, and avoid troubling their consciences with what they call "the vain learning of the world."

The title that the author of the subject of our notice has chosen, phreno-geology, indicates the nature of the work. It is an endeavor to connect phrenology with the successive creative periods that the earth has passed through, and to show that each period had its corresponding development of intellectual organs in the brains of its inhabitants, which gradually became more and more elevated in their structure as the earth advanced through its changes, until at last the mind of man was the result. He endeavors to establish the following points, viz:

"1st. That the organs of the human brain are added and superadded in a manner such as they would be if they had been successively created to conform to the geological changes which took place after the first animal was created.

"2d. That the convolutions of the brain are arranged as they would be if caused gradually by the pressure of the brain during birth.

"3d. That the pons and the callosum are added to hold the two hemispheres together.

"4th. That the physiognomy of man was created and caused by his habits while he was yet below the standard of modern humanity.

"5th. That instead of the earth being created for the animals which it contains, and adapted to them, man and all other animals have been created by the agency of the infinite variety of stimulating circumstances which have been brought to bear upon organized bodies during the immense periods of time indicated by geology."

The author adopts Lamark's view, that man is the product of a progressive development from the lowest form of animal life into a higher type, the changes being induced by the necessities of the creature and propagated in its descendants. It is needless to attempt a refutation of so absurd a doctrine. Its advocates have utterly failed in adducing a single instance of a transformation among even the lowest types into one more elevated, nor can they even produce a more plausible hypothesis in favor of it than that, because the lower forms of animal life existed before the higher, therefore the lower forms are developed into the higher. With as much propriety might we watch the gradual growth of vegetation upon a rock in its process of disintegration into soil, and exclaim, behold! the oak is but the development of the lichen, for on this rock we found, first, the lichen, then the mosses, next the creeping wood plants, and now, here is the oak.

A few extracts will show the learning, logical skill, modesty, and high religious tone of the author.

"A modification of the theory of Lamark has been brought forward lately in a work entitled the 'Vestiges of Creation.' The truth of this doctrine is, however, denied by many geologists and naturalists, among whom is Mr. Lyell, . . . . Cuvier, and most of the great European and American naturalists. But history teaches us to receive the published opinions of popular and salaried philosophers upon such subjects with much allowance for the delicate circumstances in which they find themselves placed. It is dangerous to advocate important truths in advance of the age. Diana of the Ephesians is still too great to be approached without prudence and respect."

The world at large should be grateful that Mr. Grimes's position as a lecturer upon phrenology does not place him within the ranks of trammelled philosophy.

Another of his remarks is the following :

"It is a startling announcement, that our ancestors once inhabited the mighty deep, and, sustained on broad extended fins, roved through the vast ocean. But if our theory is admitted, such is the inevitable tendency of the arguments, and nothing but the intervention of a miracle can prevent this conclusion."

How beautiful Trinculo's description of Caliban meets the above view. "What have we here? a man or a fish? dead or alive? A fish! he smells like a fish; a very ancient and fish-like smell! a kind of, not of the newest poor John; a strange fish!"

The argument (?) principally relied upon appears to be the following :

" By the will of God, the increasing coldness of climate produced the principal circumstances that produced animals and man. The earth was once too hot to allow of the existence of animals; they were not produced until it had cooled down to a certain point. Plants, infusoria, radiates, mollusks, trilobites and fishes were then created. I do not mean to assert that these animals were created in the order named; they may have originated and progressed simultaneously. If the earth had continued at the same temperature which it then possessed until the present time, it is certain that man never would have existed in his present form. We should now have all been fishes or nothing,—*aut pisces, aut nullus.* We could not even have advanced to the dignity of reptiles, enjoying the privilege of crawling occasionally out of the water into the mud on swampy islands of the sultry ocean. Still colder must it have been when our great reptile parents left the ocean altogether, stood upon the solid earth, fed upon its herbage, and breathed with lungs instead of gills. It must have been colder, or such an atmosphere could not have existed. I doubt not that the atmosphere was the agent under Providence that created the lungs—the solid earth—created the feet—the food created the teeth and digestive organs—the temperature of the air created the skin, hair, and feathers of land animals, and the light created and modified the eyes. It may have been millions of years in doing this, but geology does not restrict us in regard to time. Only admit, as every one must, that some slight change in organization can be produced in a thousand years exposure to some powerful influence, and the whole argument is at once surrendered, for geology instantly steps in with its vast period of time to accomplish any amount of transformation which organization is capable of undergoing without destruction. It should also be considered that organization is capable of gradually assuming any form whatever that can be conceived, provided circumstances require it, and sufficient wholesome food, air, and protection can be obtained by the change, and not otherwise. The point that I am now insisting upon, is, that by the will of God, cold produced the circumstances which created man. Admitting that 'the vile race from whom we sprang' once inhabited the water, it is plain that when primeval man in reptile form first left his native ocean, bade it farewell, and established himself upon the land, feeding exclusively upon its productions, if the temperature of the earth had remained stationary from then until the present time, man in his present form would not have existed." p. 19.

" There is no scientific evidence that a single organic thing on earth was ever created suddenly. Every thing is formed by the aggregation of many atoms, and always under circumstances favorable to such aggregation. The aggregation of chemical atoms formed minerals, *the minerals composed mountains, but were an immense number of years in doing so.* Just so chemical elements combined to form vegetables, and the vegetable organisms, aggregated and arranged in a peculiar manner, compose animals. The first elements that were created, had certain

forms adapted to their need and condition; a change in their circumstances produced a change in their forms, until man was produced. To say, then, that man was made at once, in a single day, from dust or chemical atoms, is to make man an exception to all the rest of nature." p. 32.

The only other "*argument*" that can be found, consists in the frequent repetition of the doctrine that "we are not required to believe anything which is absurd or revolting, merely because it is taught by the strict letter of Genesis." p. 34.

The above passages do not deserve serious refutation, being merely groundless assertions and untenable positions; yet many persons, not familiar with the subject, are doubtless misled by such bold and assured statements.

Mr. Grimes is indebted to the author of the "*Vestiges of Creation*" for the following absurd deduction. He has faithfully preserved the spirit of the original.

"This process is called crystallization. Sometimes the crystals arrange themselves in forms very similar to the forms of vegetation; this fact is often demonstrated in winter mornings upon our windows, in the various fantastic forms which the frozen vapor assumes. The resemblance of these figures to vegetables strikes every observer, and *inclines us to suspect that the same general law operates in both cases.*" p. 45.

"Vegetation seems to be essentially a modification of the principles of crystallization. Certain mineral substances in the earth are held in solution by water, and certain gaseous substances are held in solution by the atmosphere. When a proper degree of heat is applied, the two solutions act upon each other in a way which is not well understood, but the result is a combination of the ingredients of both, which assumes regular forms. *This is vegetation.*" p. 46.

Very clear and lucid; a most valuable addition to our knowledge of vegetable physiology.

The word Magnetism serves the same purpose to the pseudo-philosophers of the present day, that the term "Ether" did to the ancients; that is, whenever they are utterly unable to understand or explain a phenomenon, they connect with it in some manner magnetism or magnetic force, and then rest contented under the delusion that the whole subject is made perfectly clear. Mr. Grimes states, with regard to the origin of mind:

"Mind came into the world when certain organized beings were in peril; it came to save them from death by directing their first feeble movements to the objects which they required. Here stood the plant and there stood the object which it needed, neither could approach the

other. If they both floated in air or even in water, we could imagine that some mutual attraction might bring the plant and the nourishing object (food) together on magnetic principles. Perhaps, animal life did commence in such floating circumstances. Perhaps the magnetic principle did operate to bring the plant in contact with its object. . . . . My conjecture is, that the action of a species of magnetism between the plant and its food, produced a tendency in the plant to move its parts towards its food, and thus originated muscular motion and animal function."

Mr. Grimes does not appear to consider that his view of the origin of man is even a matter to be questioned. He says:

"It is certain that the ancestors of man and of the ape were once all reptiles, or else that a special miracle of creation has been interposed to prevent it, and to create man suddenly, in a manner which passes human comprehension. . . . . There was certainly a time when reptiles were the highest animals that existed on earth. It is probable that our ancestors were among these reptiles. At that time, the ancestors of all the different races of men and of apes may have been but one species. If the ancestors of the apes left the water, and first became permanent residents on the land, they would immediately assume a character peculiar to themselves. . . . . Ages afterwards, another portion may have left the water, and landed on a different shore, and became the ancestors of negroes. Still later and on another island, the ancestors of the white man may have landed; and thus, though all originally were one species, they have been so differently affected by the different circumstances which have operated on them, that they seem to be fundamentally unlike."

p. 63.

Mr. Grimes has the highest respect for circumstances; he thinks that they not only "alter cases," but even create legs and feet.

"In regard to the forms of animals, I cannot perceive why an animal may not be of any imaginable form that circumstances may require, for circumstances are the sub-creators of animal forms. *Aqueous circumstances create finny forms of limbs; and airy circumstances create feathers and winged forms of limbs; while terra firma circumstances create feet.*"

#### Mr. Grimes on Mermaids:

"It may be that the ancient idea of mermaids was not entirely fabulous; and a species of sea mammal as nearly resembling a chimpanzee as the seal resembles the dog, may have but lately become extinct, as many other animals have done. It is to be hoped that the future researches of naturalists may yet throw some light on this obscure question. It would be really delightful, if, in consequence of their labors, we should be able to determine with reasonable precision, all the various forms and changes which

our race has undergone, in its rise from the ocean and the mud to the cultivated field and the classic temple. . . . . Apes and men may have been alike when they both inhabited the ocean; but the apes degraded themselves beyond redemption by acquiring the habit of walking on their hands, as this circumstance prevented them from acquiring those arts which gave superiority to man, and enabled him to exist in cold regions." p. 143.

Our author's method of reasoning is beautifully shown in this extract:

"It is said, (I know not on what authority,) that the pelican has been known to pierce her own breast, to furnish nourishment for her young. This may have been true, also, of other animals; and if practised by one animal and then by its offspring for several successive generations, this would at length so far modify the constitution of the breast, as to originate the teats and mamma in one female; and from this one, all other mammalia of one species may have descended. This hypothesis is perfectly consistent with admitted principles of Physiology, for it will not now be denied, that the changes produced in one generation are transmitted to the next by hereditary descent." p. 105.

With regard to the difference in the size of animals, he thinks it is wholly dependent upon the amount of nourishment obtainable by the animal.

"If you ask me why the mouse and the ox became thus different in size, I would venture the suggestion that originally all vertebrate animals were of one size, but that some have been, for millions of years, limited in the quantity of nourishment, so that, of course, they were limited in the capacity of receiving functional stimuli; while others have been surrounded with both nutritive material and functional stimuli."

It would be an interesting question to decide whether mice, shut up in a granary, could ever, by such means, be converted into rats; and, also, whether we could reasonably expect to obtain a breed of cattle by a further continuation of the same process.

Mr. Grimes has evidently not much respect for revealed religion; natural religion meets with still less favor at his hands. The principle argument depended upon by theologians, is the perfect adaptation to end manifested throughout creation. He says:

"There is then a continual attrition of every thing by its neighboring things, so that each tends to conform to its surrounding tormentors. The most perfect conformity must always necessarily be produced; this is denominated *adaptation*, and is held up to the ignorant as a sort of

miracle, though in reality, it is the necessary consequence of a very simple operation.'

We have not thought it worth while to extract anything from the portion of the work, relating to phrenology. He, there, becomes like nearly all writers upon the subject, utterly wild and nonsensical. Having learnt the anatomical titles for certain portions of the brain, he distributes the pleasures and passions, the virtues and vices among them in a truly phrenological manner. Had he confined himself to that so-called science alone, his book would not have been worth noticing, as the injury it could have done would have been but slight; but by connecting it with the real sciences, he has produced a compound simply nauseating to those acquainted with true philosophy, but poisonous to the young and ignorant.

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*The Microscopic Anatomy of the Human Body in Health and Disease, illustrated with numerous drawings in color.* By ARTHUR HILL HASSALL, M.B., &c. *With additions to the text and plates, and an introduction containing instructions in microscopic manipulation.* By HENRY VANARSDALE, M.D. In two vols. New York: S. L. & W. Wood. 1855.

We expressed a very favorable opinion of this work upon its first appearance, and shall now content ourselves with saying that it is pre-eminently the best illustrated microscopic human anatomy that is accessible to us in this country. The able introduction by the editor, and the numerous and admirable plates added to the American edition render it, in our opinion, far superior to the English one. We consider it, in every respect, a most creditable work to all who were concerned in its publication.

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*Human Physiology: Designed for Colleges and the higher classes in schools, and for general reading.* By WORTHINGTON HOOKER, M.D., Professor of the Theory and Practice of Medicine in Yale College, &c. *Illustrated by nearly 200 engravings.* New York: Farmer, Bruce & Co. 1854.

The above volume is stated by the author to be designed for the family as well as for the school. He very truly observes that the same clear and full instruction is needed in both instances;

the same requirements for information existing in both. Not seeing any reason, therefore, why a physiological work for the people should differ from one written for the school, he has composed his little treatise for the edification of both interests.

The book has THREE PARTS. The first considers organized and unorganized substances; the distinction between animals and plants, and man in his relations to the three kingdoms of nature. The 2d part is devoted to the consideration of the structure of man, his various functions, his formation and repair, and to cell life. The 3d part discusses the nervous system, the bones, the muscles and their language, the voice, the ear, the eye, connection of the mind with the body, differences between man and the inferior animals, varieties of the human race, and life and death.

The subject of "Reproduction" is very properly omitted.

The chief aim of every elementary treatise should be to present a clear and correct outline of the subjects of which it treats. Well established principles only should be inculcated; and the materials by which these are sustained should be judiciously selected. The present work possesses these merits in a very high degree. Like every thing else which has emanated from the pen of Dr. Hooker, it is characterised by sound judgment and good taste. The style, which is that of the lecture room, is clear and agreeable. We take great pleasure in recommending it as a most useful work for the purposes for which it was intended.

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*The Transactions of the American Medical Association, Vol. vii.*  
New York: Chas. B. Norton. 1854.

The above contains 200 pages less matter than its predecessor. There are but two illustrations in it, one of which is colored, a map. The present committee of publication must have had a comparatively easy time of it.

We shall take another opportunity of examining its contents.

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*Diseases and Injuries of Seamen, with remarks on their Enlistment, Naval Hygiene, and the Duties of Medical Officers.*  
By G. R. B. HORNER, M.D., Surgeon U.S.N., &c., &c. Lip-  
pincott, Grambo & Co. 1854.

Several chapters of the above treatise have already appeared in the pages of this journal. To our readers, therefore, it will

suffice for us to say that the style and matter of the concluding essays render them in every respect worthy of their predecessors. Though the work is more especially designed for the benefit of those "who are novices on board ship," we are much mistaken if even veteran tars will not be entertained by its perusal.

*The Physician's Visiting List, Diary, and Book of Engagements.*  
Lindsay & Blakiston. 1855.

The experience of the last two or three years has satisfied us that the above is a most valuable *vade mecum*. Physicians will find that it will add greatly to their convenience and advantage to possess a copy of it.

## THE MEDICAL EXAMINER.

PHILADELPHIA, JANUARY, 1855.

### SALUTATORY.

With this number opens the eighteenth year of the Examiner's existence, and the second of our duties as its Editor; duties which were assumed with diffidence and mistrust of success, but with the earnest desire to do all in our power to render the journal a welcome guest to its readers. In this object of our wishes we trust that we have not altogether failed, and at this season, rife as it always should be with high aspirations and good resolutions, we indulge the hope that this year's labors may earn for it even a greater value than it has already long enjoyed. We gratefully acknowledge our indebtedness to those gentlemen who have so largely enhanced the interest and usefulness of its pages by their valuable contributions, and respectfully solicit from them and others a continuance of such support.

### CLINICAL INSTRUCTION.\*

Of all the preliminary branches of medical education requisite to fit the student for his future duties as a practitioner, none should sustain a

\*We had the pleasure, after writing the above, of hearing the very able and eloquent address of the President of the Philadelphia County Medical Society, Dr. Thos. F. Betton. In connection with other matters considered very reprehensible by Dr. B., the College clinics were severely commented on; our readers will do well to procure a copy of it.—EDITOR.

higher rank, in his estimation, than that of clinical or bed-side instruction. It is the great instrument for training him to future usefulness. To be able to recognize the different aspects of disease, to know when interference is unnecessary, if not hurtful, to know how to wield the various appliances and resources which science has so amply placed in his hands, are qualifications which he can only acquire through attentive observation, patient industry, and practical familiarity with disease. No lectures, however able, no amount of reading, however great, can ever supply the place of such experience to him. He may, it is true, when transformed by his diploma into a physician, go forth to his calling without such knowledge; but if he have a right sense of the awful and sacred responsibilities entrusted to him, and be actuated only by such motives as should influence the honest practitioner, how humiliating will frequently be the sense of his own incompetency, how deep and sincere his regret that he was denied or made no use of such advantages during his student life.

There are two systems now in operation in our large cities for affording information to the student of medicine—Hospital clinics and College clinics. The student who takes the hospital ticket, visits it twice weekly, the two hours of each visit being equally divided between surgery and the practice of medicine; where the class is too large to be admitted into the wards, lectures and operations take place, instead, in its amphitheatre, such cases as are required by the physician or surgeon being successively brought in there. It is much to be regretted that the large size of classes in this country renders it generally necessary to give this instruction in the amphitheatre, rather than in the wards. It must also be allowed that Hospital instruction bears too small a proportion to didactic teaching. Insufficient, however, as such instruction is, it possesses advantages which can never be obtained by any other mode, the student being afforded by it the opportunity of seeing *acute* cases of disease, fevers, phlegmasiae and recent accidents, the staple of what his future practice will mostly consist; of following a case until recovery or death takes place, and in the latter instance, of having the advantages of the autopsy.

The other plan of clinical instruction, which, in comparison with the one just described, may be termed the modern system, has also two hours devoted twice weekly, in the College edifice, for the same purpose. The difference between the two being that, in this latter instance, the medical cases are generally chronic, reside at their own homes, and may or may not call for future advice. Such cases as require surgical interference are operated on before the class; and if severe, are then removed, either

to rooms in the building, or else to some contiguous house. We would here observe, that the students of some institutions avail themselves of both of these plans of instruction. Where there is no requirement, however, for a hospital certificate for graduation, as is the case with some Colleges, but few of their pupils attend the hospital, the great majority naturally contenting themselves with their own College clinic.

The objections just urged against the hospital plan—excessive size of the class and infrequent attendance—are equally applicable to the College plan of clinical instruction. In addition to these objections, there are other evils appertaining to it, sufficient, we think, to justify the alarm, if they do not deserve the reprobation, of the whole profession. The nature of these evils, which pertain chiefly to the surgical clinic, and from which the student, the patient and the character of the profession are all liable to suffer, we shall now briefly discuss.

It is, we believe, acknowledged that nearly all students prefer the practice of surgery to that of medicine. Its points of interest are more prominent, it appeals more to the senses, and calls less upon the reflective faculties, than do the invisible, complicated and often obscure operations of internal disease. It is also more exciting. The polished and glittering knife, the well-filled tray, the resolute and self-reliant operator, the prostrate patient with his cries of agony and flowing blood, and finally the triumphant result, present a tableau, which, repugnant though it may be, has a terrible fascination for the young beholder. Is there no fear, that, in the excessive prominence and frequency of these displays, operative surgery, the most subordinate of all the branches of that science, may obtain an importance in the minds of students to which it has no legitimate claim; which it has been, in fact, the hope and study of modern science to prevent? Do not such exhibitions cultivate a taste for the knife, to the exclusion of more correct surgical principles? May not their frequent exhibition, also, render the tender mind of the young student callous and indifferent to the sufferings of his fellow creatures? Is not, in fine, the noble science of surgery degraded, rather than elevated, by the undue importance attached to such displays?

These are questions which we shall leave to the hearts and understandings of our readers. We would not be understood as denying that some information may be obtained by even distant inspection of operations. The question is, whether these, when placed in the foreground of clinical instruction, are not calculated to produce most erroneous impressions upon the mind of the students. The student is not, however, the only sufferer by this system; it is very possible that the patient may, also, be

injuriously affected by it. Is there no temptation, for instance, for the surgeon to operate immediately whether the subject is in a suitable condition or not, for fear that some rival establishment may get the case; or when such interference is not feared, and the patient is secured, that he may sometimes be kept waiting a long time, and until a more favorable opportunity for display may have arrived? We have heard of such instances. May not the natural desire, also, to render the clinic interesting, induce the surgeon to perform operations, which in his private practice he might consider unadvisable? Professors are not infallible. They are but men, with judgments very apt to be influenced by their interests; quite as prone, also, when running a race of competition, to forget everything but the excitement of the chase.

Serious as are the objections we have just stated, sufficient in themselves alone to condemn the whole system, they are as nothing in comparison with the injurious effects exerted and reflected by it upon the character of the profession at large. When those who hold the keys of our temples, the arch-dignitaries of our noble calling, to whom are entrusted the high responsibilities of educating the characters as well as the minds of their pupils, whose honors should be like Cæsar's wife, above even suspicion, descend into the arena with tricksters and charlatans by advertising their lists of cases, treated and operated on in their several institutions, by performing operations gratuitously upon those who have no claim for such charity; by offering inducements, direct or indirect, to influence patients to submit to the knife, which they would be ashamed to make use of in their private practice, and by setting in motion every available means to obtain cases for their clinics; can it be expected that the lesser lights of the profession should preserve their honor and integrity unsullied? Will they not, also, vaunt the number of *their* cases, the magnitude of *their* cures? May they not, endorsed by such high authorities, employ dishonorable and improper means to obtain notoriety and practice, and plead before the bar of conscience, the examples set before them? Is it a wonder that charlatanism should prevail throughout the land, or that we should be gradually sinking in our own and the community's estimation? Is there no fear, have we no right to fear such consequences?

Another serious and frequently urged complaint against this system, is that it almost entirely precludes the young practitioner from obtaining that portion of operative surgery, which would otherwise legitimately fall to his share. It is but natural, that the poor and persons in moderate circumstances should prefer the services of him whose reputation and

abilities are well known, to those of any young aspirant, however able and well prepared. And thus the veteran professor, receiving his pay by the clinical exhibition of the case, virtually and in reality underbids his younger rival. We do not mean, of course, to detract from the merit of services gratuitously rendered from motives of charity, but the case is widely different when the surgeon receives his remuneration not exactly, it may be, in money, but in a coin perhaps even more valuable to him. The class of cases to which we have alluded, would not, under other circumstances, compensate the surgeon of eminence for the time he would be obliged to devote to them. Under the existing state of things, however, the young man who is desirous of obtaining a reasonable share of this practice, discovers that the competitor who enters the lists with the *most* ardor against him, and who not only accepts willingly all such cases, but who leaves no stone unturned to obtain them, is actually at the very head of the profession. Such monopoly, we need not say, effectually closes the door against the young practitioner.

Such are the legitimate fruits of the present system of College clinics; alike mischievous to the student and discreditable to the profession. The question is, what is to be done under the circumstances? In laying down any scheme of medical education some regard should be paid to the established usages and forms which the necessities of our position have forced upon us. Our requirements should not, therefore, be utopian. Let us return to the old-fashioned, but respectable plan of hospital instruction. Let every institution in the country, empowered to grant a degree, demand a hospital certificate of its pupils. Let the hours now devoted to the College clinic be added to those already given at the hospital, thus doubling the opportunities there afforded the student, without any additional loss of his time of attendance upon lectures, and finally, let two hours be set apart weekly to witness post-mortem examinations. Let these changes take the place of the present disgraceful and incompetent plan, and we have every reason to believe that the reform will be an advantageous one to the whole profession. We distinctly disclaim the imputation that our remarks are directed against either particular institutions or individuals. They have a wider scope. As regards the Faculties of our own city, we can bear willing and cheerful testimony to their general high character. Among them are many gentlemen whose attainments, elevated professional standing, courteous demeanor and noble liberality have won for them the respect and love of all who know them. As lecturers, also, in their several branches, we believe that, as a class, they are unsurpassed anywhere. These circumstances,

however, but add to our regret that we cannot exempt any of them from the stigma which we think to be deservedly attached to every one who is connected with this system. They should reflect that no plea of self-preservation, no desire to outstrip a competitor, can ever absolve them from their responsibilities for the proper use of the powers entrusted to them. Would we could say that they duly felt their obligations. Would that we could say that the bright legacy of confidence and respect bequeathed them by their predecessors was still untarnished.

We have dwelt at some length upon this matter, as we think it is one connected not only with the rights of students, but with the honor of the profession. We shall not pause to enquire into the motives which prompted the introduction of the College clinic, nor upon whom the odium of its origination rests; neither shall we attempt to investigate the degrees of criminality of different Institutions in this matter, but shall merely add, that, did we believe that it was a necessary evil, the result of circumstances over which there could be no control, we should have spared ourselves the trouble of making these remarks. When we shall have heard that any appeal has been made to the managers of our numerous hospitals, or that any other measures whatever have been taken to increase the present means of accommodation for the student, then, and not till then, will we believe that the College clinic is a necessary evil, and not a mere advertisement,—whose chief results have been to dazzle and ensnare the medical student.

The following extract from "The Address to Students," by the editor of the *London Medical Times and Gazette*, shows the high importance attached abroad to Hospital Instructions. We commend it to the reflection of our readers.

"The question which, after entry on Hospital studies, will most engage the attention of the zealous student will be as to the relative amount of time to be devoted to the wards, to the lecture-room, and to private reading. On this point, the regulations of the Examining Boards are explicit, requiring certificates of attendance on practice during the whole period of study. An opinion fraught with the most mischievous consequences has, however, got about, in favor of a division of the period, and the devotion of the latter part only to the acquisition of practical knowledge. It is customary to hear that 'the first year's man is not expected to attend Hospital practice,' 'that he has enough to do with his lectures,' etc. Unless they are intending to devote to educational purposes a much longer series of years than are usually so spent, we cannot do otherwise than urge upon our young friends not to listen for one moment to such advice. Out of the three or four years within which residence at a Medical school is ordinarily comprised, not a single day should be allowed to pass without some hours of it being devoted to

attendance in the wards. It is there only that the student will learn to estimate duly the relative importance of the different subjects for which his attention is asked; it is there alone the real fitness for the duties of after-life is to be obtained. The published views of Dr. Latham are well known. We quote the following from no less an authority than Dr. Graves:—‘Five or six years’ attendance on an Hospital will be little enough to qualify you to enter with propriety and confidence on the discharge of your Professional duties. Bear in mind, gentlemen, that when you come to treat diseases, you approach the bedside as Physicians or Surgeons, and not as chemists, botanists or anatomists. This is the character in which you are to appear; and to the acquisition of knowledge which will prepare you for the discharge of its duties you ought to apply your chief attention.’ In another part of the same lecture Dr. Graves adds:—‘I would not be understood to depreciate any department of human knowledge. Far be it from me; besides the attempt would be useless. But I am anxious that you should concentrate all your energies on the proper objects of Medical pursuit, and devote the largest share of your attention to those acquirements which render you good Practitioners.’ The student may probably object to the recommendation to begin Hospital practice at once, that, without a knowledge of anatomy and physiology, he is at a loss to understand the diseases which come before him; and that, while ignorant of the principles of therapeutics, the cures he sees made teach him no useful lessons. To this we answer, that the attempt to supply knowledge before the need of it has been felt is always attended by much waste of labor. It is far better, for instance, that, coincidently with the acquisition of anatomical details, the practical importance of those details should be strongly felt, than that they should be esteemed only as dry, unproductive facts. The memory requires all the assistance which association of ideas can be made to give it. Who has not experienced how faithful has been his retention of any piece of knowledge for which he had long sought, or which was supplied just at a juncture when he was capable of perceiving its full weight? Just so it is with the light afforded by anatomy and physiology to him who in his daily study of disease is puzzled for the want of it. But, setting aside the advantage thus gained in respect to the aptitude for learning these sciences themselves, the experience accumulated, the training of the perceptive powers, and the acquisition of tact, which are consequent on constant Clinical work, will abundantly reward for its prosecution, even under some disadvantage as to imperfect knowledge of preliminaries.

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#### MEDICAL NEWS.

HULLIHEN’S EAR SYRINGE.—We have already more than once invited attention to this admirably simple and efficient little instrument. We do so again for the purpose of apprising our medical friends that it may be obtained at the pharmaceutical establishment of Mr. Henry C. Blair, of this city, who has undertaken to furnish it in the most

approved form, and has had it very conveniently put up in a neat cylindrical box, for being carried about and shielded from the dust.

We can strongly recommend this instrument to both practitioners and invalids as a most desirable substitute for the ordinary syringe and basin. Even as a self-injector, in the hands of an intelligent patient, under the direction of a medical attendant, it must be regarded as an invaluable saver of trouble and annoyance to both parties, and should be considered as indispensable to each individual requiring such manipulation for his ears as a special tooth-brush is for the daily cleansing of his teeth. There is another virtue in Dr. Hullihen's invention, which, in these trading days of multiple adjusters, supporters, trusses, *et id omne genus*, entitles it to signal admiration and encouragement:—it is not encumbered with a patent.

AMERICAN MEDICAL ASSOCIATION.—The eighth Annual Meeting of the American Medical Association will be held in the city of Philadelphia, on Tuesday, May 1, 1855.

The Secretaries of all Societies and other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations *as soon as they may be appointed*; and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from Article 2d of the Constitution:—

“ Each local Society shall have the privilege of sending one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college, or chartered school of medicine, shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred inmates or more, shall have the privilege of sending two delegates, and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate.

“ Delegates representing the medical staff of the United States army and navy shall be appointed by the Chiefs of Army and Navy Medical Bureaux.

“ The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers.”

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the constitution at the meeting of the Association, held in New York, in May, 1853.

FRANCIS WEST, M.D.,

One of the Secretaries, 352 Chestnut st., Philadelphia.

The medical press of the United States is respectfully requested to copy the above.

**OBITUARY.**—The announcement of the death of Dr. Golding Bird, at the early age of thirty-nine years, will, we feel assured, excite a very general feeling of regret throughout the profession of this country. Dr. Bird was very highly appreciated here. His admirable work on "Urinary Deposits," which opened an almost entirely new field for research to the physician, attained at once a most brilliant success, and is still regarded as the highest authority upon the subject.

For some years previous to his death, Dr. Bird had suffered from disease of the heart; a short time before that event, he had an attack of haematuria, which soon "became associated with other and unerring evidence of renal calculus." This was followed by pyelitis, which ended his career on the 27th of October.

It is with much regret that we have also to announce the death of Prof. Edward Forbes, of the University of Edinburgh. This distinguished naturalist died on the 18th of November, in the 39th year of his age. It is not too much to say that science has not lost a nobler son during the present century; and there are none who enjoyed the advantages of his teaching or the honor of his friendship but will deeply feel the calamity which has befallen them. At a very early age, when a student in the University of Edinburgh, he gave strong evidences of talents of a very superior order. The Botanical Society of Edinburgh—one of the most flourishing scientific bodies in Great Britain—owes its origin to the late Professor and a few of his fellow students, more than one of whom were his late colleagues. After delivering a course of extra academical lectures in natural history he proceeded to the East, as naturalist to a scientific expedition. To this expedition are due not a few important contributions to science, and, we regret to say, to it we have to attribute his early death. Returning to London he was elected to the chair of Botany in King's College, which he filled with honor to himself and advantage to the college. The Geological Society acknowledged his high merit by electing him to every honorary office which it could confer; and, on the establishment of the School of Practical Geology and Designs, he was at the head of the Palaeontological department. Last April, on the death of the venerable Jameson, Prof. Forbes, to the delight of all, had the appointment conferred on him; and our readers will remember with pleasure the extracts that we gave, in this journal, from his introductory lecture. In May he commenced the usual summer course of lectures. Though suffering from disease, he again opened his class on the 2d of November, but could only continue for six days. He died after nine days' illness, leaving a blank in the University which it will be difficult to fill up.

## RECORD OF MEDICAL SCIENCE.

*On Physical Diagnosis in Fevers.* By E. A. PAKKES, M. B. Lond., L. R. C. P., Professor of Clinical Medicine, University College, London.

*Typhus and Typhoid.*—Dr. Parkes, last week, after describing all the familiar symptoms of typhoid and typhus, went into considerable length as to the difficulties of diagnosis. Occasionally we have local manifestations of disease of such severity (he observed) as may lead us to overlook the nature of the disease altogether. We may treat cough, dyspnoea, bronchitis, in a word, with all its various phases, and yet the disease be typhoid fever; other times, diarrhoea of a most troublesome kind is persistent—indeed many deaths are registered in London as deaths from diarrhoea, but they are nothing more or less than deaths from typhoid fever. Yet, if a correct examination were made, and the history of these cases made out, they would give us the tenderness of the iliac fossa, the rose-spots I have just described as so characteristic of typhoid, and in fact all the progressive conditions of this disease. Again, we may have nervous symptoms predominant—an ataxic form of typhoid; and here you will find very great difficulty indeed in the diagnosis. These difficulties are not attended to sufficiently in practice.

Fourthly, we may have a still more troublesome and insidious form of typhoid, attended with weakness and weariness, excessive thirst, no shivering; the patient has no very marked symptoms of any kind, yet suddenly dies of perforation of the intestine. All these difficulties of diagnosis should lead us more and more to study the disease, as only by seeing the entire features of the history of the case, can we come to understand really what it is.

We will now, as illustrations of typhoid, take one or two of the cases up stairs in the wards at present, and I will read to you from the case-book the history:—

T—, aged 21, admitted September 30. Her previous history, as in all such cases, is a little deficient, as when patients are very bad in fever you cannot get that connected account you wish. She was born of phthisical parents; she has been very poor, and has suffered many privations. The disease first came on by vertigo, shivering, and, after the fourth day, profuse purging, with extreme weakness, loss of appetite, thirst; two or three days after, pain in the abdomen. Diarrhoea lasted fully a week, headache also continued for that time; muscular weakness and thirst not abated. She then sought relief in University College Hospital. (Dr. Jenner, who has described this disease, also saw her; these cases, in fact, are now very interesting.) The symptoms in hospital were first, on coming in, excessive heat and dryness of skin, as shown by the thermometer at 105° Fah.; flushed face; abdomen presenting the peculiar red-rose spots, disappearing on pressure, slightly elevated; in fact, the rose-spots we now recognize as so characteristic of this disease in contradistinction to the mulberry-co-

lored blotches of typhus. She complained of frontal headache, with other nervous symptoms well-marked; tightness across the sternum, frequent cough, and, on stethoscopic examination, dry bronchitis; but no deeper-seated disease of either lungs, or chest generally; the actions of the heart quite normal; the pulse, I should have said, so high as 116. Careful palpation over the liver detected nothing wrong; the same remark applies to the opposite side, at the angle of the large intestine and spleen. She had, as many of you will remember (I dwelt upon it at the time,) excessive tenderness over the abdomen, and more especially in the right iliac fossa; there was marked anorexia; the stools were liquid, yellowish, granular; the tongue large, and red at the tip, moist, not at all the tongue of typhus. You will remember, we have seen all these symptoms in more than one other case to-day also, as we were going round; they are very worthy of study, as so often met in medical practice.

As this subject of physical diagnosis in fevers is one in which I wish to exercise you, as it is, in fact, in practice in England, one of very eminent usefulness, and, in London, a matter in which at any moment you may be called upon to put in force, we will skip now from this part of the case, and come to the sixteenth day of the disease. And how are you to know it? You are brought to see this young woman, we will say, for the first time; the specific rose-spots are gone; she is laboring to all intents and purposes under severe bronchitic and chest symptoms (a chemist, or practitioner with a druggist's shop, has prescribed, and given cough mixtures perhaps, without seeing her); you find her respiration 30 in a minute, cough incessant, with some expectoration, nervous symptoms also well-marked; vertigo complained of, torpor, the eyes closed; she is delirious at night; she has also diarrhoea, pain over the abdomen, pulse quick, tongue furrowed and somewhat coated. Suppose, I say, you were called to such a patient, and moreover she is unable to give any account of the previous illness, how are you to make the diagnosis? There are only two ways—one the positive method, the other the method as it is called by "exclusion." The first is obvious enough, and will of course be more valuable to the practised eye of the experienced physician, who seizes the nature of the case at the first glance by a sort of intuitive knowledge of what typhoid really is. Now the method of diagnosis by exclusion—the plan of logic-writers, *per viam exclusionis*, in this and other diseases, is one, though not without disadvantages, yet of no mean importance. The first question you resolve in your mind will be—Is she or he, as the case may be, laboring under any of the idiopathic fevers? any of the exanthemata? No. Is it typhus? You make the same answer, as the eruption in *ty-phus* is as different from *ty-phoid* as scarlatina from measles. The eruption is absent in patients under 22 or 21 (this patient's age is about this.) Is it relapsing fever, so common in some years, as 1828-29? No. You ask yourself then, is it typhoid? Yes, nervous symptoms are marked, chest symptoms and diarrhoea also; the latter loose, granular, yellow, so peculiar to typhoid. You have soreness of the right iliac fossa; but

then you say we have no rose-spots, and then you remember in at least 20 per cent. these rose-spots are not found. You must weigh and balance all these circumstances in your mind.

There are two diseases not unlike typhoid, to which I wish now to direct your attention, and which may be mistaken, and are mistaken for typhoid—one is *pyæmia*, so called, but it is quite untrue there is any pus in the blood; the other is *acute tuberculosis*. In *pyæmia* we have its positive indications absent, such as inflamed joints, diseased veins, &c.; we have septic materials in the blood in *pyæmia*, and a vital change perhaps in that fluid, but you cannot well mistake it for typhoid fever. There is another disease, however, which has been lately quite mistaken for typhoid—this is *acute tuberculosis*, in which, more or less, every organ in the body becomes studded with tubercles, and known in England and the Continent as “miliary tubercles,” in the intestines, heart, lungs, and in the female, even in the uterus, and pelvic viscera. It is a disease common in younger patients. The disease, however, is extremely rapid, in three or four weeks usually coming to an end. It is attended with febrile symptoms, furred dry tongue; the symptoms, in fact, all like as possible of typhoid. It runs parallel, so to speak, with typhoid, but is not typhoid. Acute tuberculosis is often mistaken for typhoid, but the *rose-spots are absent*. In these cases the best observers will make mistakes. [We rather think the Editor of the *Medico-Chirurgical* here alluded to Dr. Lyons of Dublin and Dr. Stokes.] These tubercular deposits are miliary; they are uniform over the lung. We have no opportunity of comparing disease in one part of the lung with another; no stethoscopic indications, in fact, but those of bronchitis. Again, in this disease of acute tuberculosis, the head symptoms are always most intense, from deposit, in the shape of acute meningitis; the latter produced by deposit of tubercle. It is, in fact, something quite out of the common to find bad headache in typhoid; torpor is more common; and according as the disease advances, as a general rule, head symptoms are found to go away. You will find, also, if you study these cases in the wards of the hospital for yourself, that the pupils are dilated in meningitis, and that the special senses of hearing, taste, smell, &c., are all more or less affected. Deafness, for instance, is common; and, as I have just said, you will have most intense headache. Again, in one disease the abdominal symptoms will seize your attention; in the other, the head or chest symptoms. Diarrhoea is not so frequent in one; while in the other it is almost specific. In acute tuberculosis, you will not find the intestinal glands red and inflamed; in the other affection we are speaking of, it is very characteristic after death. The typhoid stools are liquid, yellow, or brown, containing albumen, and coloring matter of bile; this singular substance rendered mahogany-color by nitric acid. In hospitals I would advise you to familiarize yourselves with all these circumstances.

To sum up the whole matter, then, you will find that in these two diseases, confounded by superficial observers, we have a prominence, at the bedside, of head symptoms in one, and abdominal symptoms in the other. We have symptoms also of pyrexia in one. We may have “ty-

phoid pneumonia," using these words now in a different sense, "typhoid" as an adjective; with all the other differential signs indicated. Then bad influenza, with capillary bronchitis, may also be mistaken for one of these diseases, purulent meningitis and a disease lately described in Ireland "cerebro-spinal meningitis."—*Dublin Medical Press.*

*Dr. DEITERS on the Use of Cubebs in Infantile Enuresis.*—This author has found cubebs more effectual than any other remedy in curing the incontinence of urine so common among children. This complaint may depend upon atony of the bladder, or on the presence of intestinal worms. In the former case the cubebs acts as a tonic, in the latter as a valuable anthelmintic. The medicine requires to be given in considerable doses; two pinches (*i. e.* a few grains or *Zwei Messerspitzvoll*) for infants, and a half a tea spoonful twice or thrice daily for children of a somewhat more advanced age. Its effect is speedy and permanent; and although occasionally it happens that during its administration the incontinence returns at periodical or irregular intervals, these recurrences gradually become less frequent, and eventually disappear altogether. To effect a radical cure, the author has often found it necessary to continue its use for a period of from three to eight weeks, and he has never observed any injurious effects from its administration.

Deiters observes that he has found the same remedy most efficacious in checking nocturnal emissions in case of spermatorrhea.—*Edinburgh Monthly Journal, from Preus. Verein. Zeitung.*

*Postmortem appearances of an old lady, of 94 years, who had never menstruated nor borne children.* By A. K. GARDNER, M. D., Member of the National Medical Association, &c.—I was called, about midnight of the 1st of August, 1854, to see Mrs. H—, St. George's Place, attacked with cholera. I found her to be an old lady, ninety-four years of age, and in other respects presenting some peculiarities attracting to a medical man. With the ordinary remedies, she recovered perfectly from this attack, but her constitution received a shock from which she never recovered. The day previous she had been walking about her room, and once subsequently she was found, in the middle of the night, sitting in a chair near her bed; with this exception, she never left it subsequently to this attack, except as lifted from it, and placed in a chair for a few minutes. Her appetite failed; and, after a long struggle, of several weeks, with the great conqueror of all, she finally yielded to his supremacy, Oct. 6th; and on the following morning, assisted by my friend, Dr. H. W. Brown, I made a post-mortem at 9 o'clock.

Mrs. H—, although twice married, never had any children. Her second husband was a widower, having a large family by his first wife. More noteworthy was the fact of her having never menstruated, either naturally or vicariously, and her absence of all sexual feelings and appetites.

During the greater part of her life she was troubled with dyspepsia, so that she never indulged in the pleasures of table. Pie-crust and cakes were tabooed articles to her. It was for this delicate condition,

supposed to originate from the absence of the menses, that she was advised by her medical men in Massachusetts, where she lived, to marry. This she did; but this natural stimulant to the generative organs produced no local or general amelioration. She subsequently was married to her second husband, whom she also outlived, to act as a mother to a large family.

The entire absence of all sexual propensities, she herself attributed to her strong devotional character, being an attached and ardent member of the Baptist church. In character, Mrs. H. was somewhat acerb, and apt to look upon the moral delinquencies of the young with a severe and unpitying eye. In life she was not wanting in activity and promptness, and conducted her household with a prudence and regularity somewhat noted.

The *postmortem examination*, the morning after her decease, disclosed no active or latent disease. The lungs were perfectly healthy, the stomach and other organs in like condition. The generative organs showed an uterus of usual size, and normal in its condition, except that the cavity of one-half was obliterated. The ovaries were both present, although much atrophied; but whether this condition was due to her advanced age or to an original condition, it was impossible to say.

Save a double-fracture of the hip, the last broken and united within a few years, and marked with the peculiar change in the bone, as seen in all the old, nothing else was noticeable.—*N. York Medical Times, December, 1854.*

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*Prolonged Gestation.* Reported by J. J. CHISOLM, M. D., of Charleston, S. C.—Towards the close of July, 1843, I was requested to see a healthy, robust servant girl, aged eighteen, of good constitution, whose abdomen was rapidly enlarging, unaccompanied by pain or even uneasiness, caused from sudden cessation of her menses, five months previously. She considered herself dropsical, which alarmed her owner. Suspecting pregnancy, no treatment was instituted except mild laxatives to obviate costiveness, from which she was suffering.

Leaving the city for the summer months, I heard no more of the case, till my return, when I was requested to attend the girl in her delivery, she having confessed her condition when it could no longer be concealed. Towards the end of November, she having, as she supposed, arrived at full term, was attacked with cramps in the abdomen and pain in her back, which lasted an entire day, when they disappeared. In December, the pains and cramps returned with greater severity—so much so, that the patient was crying all the day of the pain. These, also, disappeared, and an interval of a fortnight elapsed, when, in the early part of January, a return of the pains brought on a tedious labor. The enormous size of the child induced me to weigh it, on the second day after birth, when, to my surprise, it weighed fourteen pounds—duplicates of its clothing weighed eight ounces, leaving thirteen and a half pounds as the net weight of the infant. Had it been weighed immediately after birth, it would have been heavier, as it had several copious evacuations and had taken no nourishment.

The case is interesting, from the circumstance of gestation having been prolonged nearly two months over the time, dating from the first appearance of cramps and pain in her back, in November. This is also corroborated by her previous report of suspension of menses, in March, which she attributed to taking cold, and still strengthened by the large size of the child—the parent being rather below the medium stature.—*Charleston Medical Journal, Nov. 1854.*

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*The Behaviour of the Pelvic Articulations in the Mechanism of Parturition.* By DR. MATTHEWS DUNCAN.—In the guinea pig, there takes place at the time of parturition a very considerable separation of the pubic bones, the ligamentous tissue of the symphysis stretching in this small animal to the extent of an inch, or even more. In the guinea pig, the motions of the iliac bones are analogous to those of abduction of the limbs. In the cow, such movements are absent. The symphysis pubis is consolidated by bony union, and consequently abduction of the iliac bones is impossible. But the sacroiliac joints become much relaxed, as also the sacrosciatic ligaments, and by these changes the ilia become extensively moveable upon the sacrum in an antero-posterior direction, the motions being analogous to those of flexion and extension in the limbs. The final result of these changes in the guinea pig and the cow is to enlarge the genital passage for the transmission of the calf; and these two animals present, respectively, characteristic examples of the two different sets of changes by which this result is obtained in different animals.

In the latter half of pregnancy in the human female, the soft tissues contributing to form the pelvic joints are found softened, as if by serous infiltration; and the joints are consequently relaxed. The softening of these tissues is accompanied by their increase of thickness, a change which will itself have, as a necessary consequence, the separation of the bones and enlargement of the pelvic circle. And this favorable circumstance, along with others connected with the motions of the joints, forms an important part of the explanation of some cases of delivery, by a simpler operative procedure than might at first have been considered necessary. Sometimes this thickening is to a very great extent, as in the cases of Madame Boivin and others, where the pubic bones were separated an inch or more.

The movements in the pelvic joints in the human female are the same as those occurring in man as well, only in a minor degree, as has been demonstrated by Mr. Zaglas. They may be described as consisting in the elevation and depression of the symphysis pubis, the ilia moving upon the sacrum. By the elevation of the symphysis (or projection forwards of the promontory of the sacrum), the angle of inclination of the pelvis is diminished, and the conjugate diameter of the brim is lessened to the extent of one, or even two lines; the corresponding diameter of the outlet is increased about twice as much. This different ratio of the effects of the motion upon the brim and outlet, results from the fact of the centre of motion being much nearer the promontory than the apex

of the bone (in the second sacral vertebra). The promontory, therefore, will describe in its motions an arc of a smaller radius than the apex.

That the alteration of the dimensions of the brim and outlet by these movements is not insignificant, but the reverse, is a proposition which every obstetrician will confirm. It only remains, then, to be observed, how these alterations correspond with the phenomena of the progress of the child in parturition. Now, in the erect position, the brim of the pelvis is in its enlarged condition, the symphysis pubis being then depressed, while the outlet is correspondingly contracted. In the course of the first stage of labor, while the head is pressing into the brim, the human female is generally standing, sitting, or lying on her back, or in an easy position. But as soon as the head has descended into the pelvis and infringed upon the sensitive vagina, then forcing efforts accompany the pains. These forcing efforts consist, in great part, of powerful contractions of the anterior abdominal muscles, the effect of which, especially the action of the two recti-muscles, will be to tilt up the symphysis pubis, thus throwing the promontory forwards, contracting the brim, and enlarging the outlet, and diminishing the angle of inclination of the pelvis. To all these changes, the position usually assumed by the female in the second stage of labor will contribute. For the simple bending of the body forwards (even in man), has for its effect the tilting upwards of the apex of the sacrum, and enlargement of the outlet. And, it is a curious fact, that a woman in her forcing pains, in the second stage, is found to draw up her legs, and bend her body forwards, thus inducing changes in her pelvis, which facilitate the advance of the child in that stage.

These motions of the pelvic bones in the human female agree with those taking place in the cow at the time of labor. The changes occurring at this time in the guinea pig, find their analogies in the altered condition of the symphysis in woman—changes which in her are generally only to a small extent.—*Edinburgh Quarterly, from Dublin Quarterly Journal of Medical Science, August, 1854.*

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*Glasgow Medico-Chirurgical Society.*—Dr. Wilson, the President, introduced a discussion on Uterine Hæmorrhage, by detailing a case of Placenta Prævia, to which he had been called a few days ago, in consultation, and in which the vagina had been plugged before his arrival, with the view of arresting the flooding, which was considerable. He removed the plug, and found that the uterus had become gradually distended with blood. He introduced his hand, and soon completed the delivery by turning. The patient was doing well.\* He gave it as his opinion, that, in most cases of this kind, it is better to allow the blood to flow from the vagina, than to use a plug, because the exact state of the case can then be known, while it is not unusual for the blood to continue flowing when the vagina is stuffed, and in these circumstances an

\*Dr. Wilson has since learned that this patient died of phlebitis about three weeks after delivery.

immense mass of blood may collect in the vagina and uterus. This he had seen in several cases. When the quantity of blood becomes alarming, or even before this, we should, without waiting till the *os tincæ* becomes very dilatable, proceed at once to effect delivery by gradually causing dilatation by the introduction of the hand. Some of these cases may be lost by delaying too long, in expectation of the natural efforts being sufficient to effect dilatation; but when we have reason to suspect that a great deal of blood may be lost before the *os* has sufficiently relaxed, we should not hesitate at once to have recourse to artificial delivery.

Dr. J. G. Fleming lately met with a case of placental presentation, in which the vagina was firmly plugged, the haemorrhage being considerable, and the *os uteri* firm, and very slightly dilated. An immense quantity of blood certainly collected in the uterus. Still he was not sure if it was right to condemn altogether the use of the plug; at an early stage of labor, when the detachment of the placenta is small, and the *os uteri* firm and little dilated, he thought that the introduction of a plug was useful; there would not be so much danger of further flooding, in consequence of the pressure exerted on the detached piece of placenta.

Dr. MacEwan had seen cases of the kind. He alluded to some instances of relaxation of the uterus after delivery, in which the organ lay loose and flaccid, and even the introduction of the hand failed to produce contraction. These cases should be carefully watched; but, strange to say, haemorrhage was not so usual as might, under the circumstances, be anticipated.

Dr. Bell mentioned a cause of flooding after delivery, which he had noticed not unfrequently, and which he described as a patulous and relaxed condition of the *cervix* and lower part of the uterus. This, he believed, might often be found even when the fundus had become quite contracted. He considered it necessary, before leaving any case of labor, to make a vaginal examination, in order to ascertain the state of these parts, as the feeling communicated to the hand placed on the abdomen might be fallacious, and would, in cases of this sort, give no indication of the risk of haemorrhage. This generally appears at first as a mere trickling from the vagina, in which, however, clots are soon formed, and so plug it up as to prevent an external flow of blood, which, however, accumulates internally, distending the uterus, before the general symptoms of flooding make their appearance. He considered that many cases of internal uterine haemorrhage originated in this somewhat insidious manner.

Dr. R. G. Maxwell said he had met with three cases of presenting placenta, in which it was necessary to turn the child. The *os uteri* was so far relaxed in all of them before he made the attempt, that he was enabled, with moderate persistence, to pass his hand safely beyond it, and turn with ease. All the women had good recoveries; the children were dead—two of them had been so several days. Two of the cases were premature—one at  $6\frac{1}{2}$ , the other at 8 months. In such cases the patient requires to be watched, and care taken that she does not lose so much blood as to endanger life before an attempt be made to turn. We

may suspect internal haemorrhage after delivery if the woman begins to yawn, and shows other symptoms of approaching syncope. On placing the hand on the lower part of the belly, if we find a large soft tumor, we should immediately insert our hand into the uterus, remove all the clots of blood, and endeavor to produce contraction at the fundus.

Dr. James Watson agreed with Dr. Fleming, that there were some cases in which we might employ a plug, especially at the commencement of labor, and until the os had somewhat yielded; but that, whenever symptoms called for it, turning should at once be performed. As haemorrhage from placenta prævia often occurred long before it was possible to dilate the os uteri with safety, the plug was, in such cases, indispensable; but where the haemorrhage took place in circumstances admitting of such interference, immediate delivery was, in his opinion, as a general rule, the proper practice. The last case of the kind he had, profuse haemorrhage occurred two months before the patient was actually delivered; he used the plug, but after some days discontinued it. The patient was kept in bed all that time, without being permitted almost to move a hand or foot, and was most carefully watched. She did not lose much more blood till the time of her actual confinement. Then it did return, and he immediately delivered her. The plug was not used after the first attack. She recovered without a fault.

Mr. Lyon said, observation had taught him that the error of practitioners was the postponement of interference; trusting to hope in place of acting, until exhaustion became dangerous, and interference only hastened death. Whenever manual delivery was at all likely to be required, the earliest possible interference, consistent with prudence, was the safest rule. He knew, from a recent conversation on the subject in the old Medical Society, he was supported on this point by the deservedly high authority of Dr. James Wilson. To the various species of haemorrhage mentioned by the various speakers, he added that from laceration inside of the fourchette. He had seen an instance of this kind where the bleeding continued for hours, seriously exhausting the patient; and the true source of which he was led to discover from the blood *trickling*, not *gushing*; when ligature of the open mouth of the artery in a trivial lesion inside of the fourchette soon righted matters.

Dr. Ritchie, being in the chair, (Dr. Wilson having been obliged to leave the meeting some time before,) summed up as follows:—The remarks of the different speakers appear to me to have embraced all the ordinary varieties of puerperal uterine haemorrhage which are known, and one which I do not remember to have heard of before—that, namely, mentioned by Mr. Lyon, where a considerable bleeding was maintained, after the delivery of the child, from a lacerated artery in the situation of the fourchette. With bleeding from the rupture of a varicose vein in the labium I am acquainted, but not with that from an artery. Of the forms of uterine haemorrhage arising from a separation of the placenta, before the birth of the child, reference has been made to cases in which the insertion of the placenta over the orifice was nearly complete, and to those in which it was partial only; and of bleeding after delivery, ex-

amples have been spoken of, in which it occurred from irregular contraction of a portion of the body of the uterus on the retained placenta, or, after the expulsion of the after-birth, on a clot, or on some still attached membranes; and also of haemorrhage taking place, with a firmly-contracted fundus uteri, from relaxation of the orifice and neck of the organ.

In regard to the first form, or that where the bleeding appears in the latter months of pregnancy, from the necessary expansion of the orifice of the womb, the great practical difficulty is to determine the proper time to deliver. When the bleeding commences weeks before the natural period of parturition, is frequently repeated in moderate quantity, and your patient resides at a distance from you, and is not in labor, it is really not easy to decide. I am sure of this, however, that, should you resolve to delay, it is an unsafe practice to employ the plug. I have known death ensue from its use in such an emergency, a huge layer of clot being found, on inspection, between the uterus and the membranes. But, on the other hand, in a case in which delivery was resolved on, I have seen the child lost, on having been turned, from the powerful contraction of the circle of the orifice of the womb on its neck. I attributed this to the necessity of interfering early, although certainly the safe practice for the mother in every such condition is to do so. Let her be kept cool and quiet; use no means which will prevent you knowing the full extent of the bleeding; and deliver, whatever the state of the os uteri, whenever the strength of the mother begins to be obviously compromised. It will be needful, besides paying due attention to every other step of this operation, to dilate the orifice as largely as possible before you rupture the membranes. Of the second form of bleeding which has been mentioned, that where the insertion of the placenta is partial, the cases will always do well by our merely rupturing the membranes.

As to the instances of bleeding which happen after delivery, along with the irregular contraction of the womb, they commonly happen in hysterical women; and while one of the horns of the uterus is firmly clenched, its body is so relaxed that your hand passes with freedom as far upwards as the epigastrium. Such cases usually recover after the prudent extraction of whatever may have been retained; and it is a singular fact connected with them, that the bleeding which happens bears no proportion in quantity to the relaxation and flaccidity of the uterus.

With reference to the examples of bleeding after delivery, from relaxation of the neck of the uterus, which are met with along with a firmly contracted fundus uteri in the hypogastrium, they have been frequent in my practice, and are worthy of much attention. I have known practitioners, deceived by the hardness of the uterus, and the paleness of the discharge in this condition, leave their patients, as they supposed, quite well, and be summoned soon afterwards to see them suffering from extreme exhaustion, and even dying without the external loss of blood; and other women, in like circumstances, after faintness, &c., sometimes expel a large mass of clotted blood in the absence of the medical man. I am more solicitous about this kind of uterine haemorrhage in my own

practice than about any other ; and besides allowing the whole transit of the child and secundines to be accomplished if possible by the mother, and then ascertaining the degree of contraction of the os uteri, I am in the habit of deferring the application of the bandage to the mother till the child has been dressed, and of retaining my hand in the meanwhile on the hypogastrium, and a cloth, accurately applied, to the pudendum. By these means the mother regains her strength, and I ascertain whether the uterus is in a doughy or contracted state, and whether stationary above the pubis, or rising at intervals above the umbilicus ; the loss of every drop of blood also can be accurately measured, especially if the patient be kept on her side, and I am ready, without any hindrance from the newly-adjusted clothes of the woman, to interpose my aid when required. Now, in many cases, at least in the more delicate nervous women of large towns, even when these precautions are observed, you will be surprised by finding that, while the uterus in the hypogastrium continues firm and small, the cloths at the vulva are soaked with a rose-colored watery discharge, without any blood. This is sometimes profuse ; and when it continues, the patient becomes dissatisfied, uncomfortable, and fidgety ; and should she be neglected, exhaustion, accompanied by pain in the belly or back, jactitation, fainting, and death even may ensue. The explanation of all this is, that oozing from the vessels of the os uteri has occurred, and given rise to the formation of clot, which, while it gradually expands the cervix and vagina, also induces increasing discharge from the uterine vessels ; and there is no safety to the woman but in the expulsion of the coagulum, either spontaneously, or by the cautious introduction of the hand into the uterus. The necessity of a cool atmosphere and a moderate allowance only of bedclothes, in the prevention and removal of this state, is also indispensable.—*Glasgow Medical Journal.*

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*Cholera in the Middlesex Hospital.*—It is difficult, without appearing to exaggerate, to convey any adequate idea of the state of the wards during the first four days of September, or of the feelings of admiration with which the House Committee and Medical Officers viewed the noble conduct of all those resident in the establishment. While daylight lasted, the sunshine, though it revealed every minute detail, relieved, by its cheerfulness, some of the horrors of the sad and harrowing sight. But, as night closed in, the dim light shed by a solitary burner, and by the pale moonbeams that struggled through the windows, lent a still more ghastly hue to the livid features, the skinny hands, and the deeply-sunk eyes—in general nearly closed, as if in death, but sometimes bloodshot and glaring—of the poor patients, who were screaming in agony or groaning in mortal weakness, on every hand. Add to all this, the sobs and shrieks of new-made orphans and widows, and the clank of the shell, as in its ceaseless round it “ vexed the drowsy ear of night ”—and you have a very feeble representation of a scene before which many a stout heart might have quailed, and by a single glance at which not a few who presented themselves to be engaged as assistant-nurses, were

scared away, without so much as entering the wards. Yet hour after hour, and night succeeding day, did all the members of the Hospital staff—Apothecaries and House-Surgeons, Matron and House-Steward, the few pupils who were in town during the College vacation, sisters, nurses, and porters—discharge, without for a moment shrinking from, tasks the most laborious and the most revolting.—*Edinburgh Monthly Journal of Medical Science*, Nov. 1854.

*The Malabar Coolies.*—Blood drawn from their veins will be found greatly deficient in fibrin, albumen, and coloring matter. Their nervous system does not betray that amount of sensibility to external impressions which is observed amongst other classes, and it is a remarkable fact, that a Tamalian will bear any amount of what is known as “shock to the system,” without any detriment; while the slightest drain from the body—as a few fluid evacuations from the bowels, or rather copious discharge from an abscess—is sure to be attended with the most serious consequences. The whole limb may be severed in surgical operations, and scarcely a groan will escape him. A patient cannot manifest less sensibility to pain under the knife of the surgeon than a poor Malabar, when previously desired to “screw himself up to the sticking-point;” but the Tamal coolies, from a natural state of physical infirmity, are perfectly incapable of supporting anything like an exhausting influence.  
—*Mr. DICKMAN in Ceylon Miscellany.*

*Medical News in Paris. Letter to the Editors from R. A. KINLOCH, M. D., of Charleston, S. C.*

Mon. Malgaigne, claims some originality in his treatment of fractures; and in his ward, some weeks since, I certainly saw what, to me, was a perfectly novel procedure, in the management of a compound fracture of the leg. The case was one of fracture of both bones, at the most common point, a little below the middle, the fracture of the tibia being oblique. You are aware of the difficulty generally met with in these cases, particularly in managing the upper fragment of the tibia, so as to overcome the anterior angular displacement. The case in point I saw, for the first time, two or three days after the adjustment, which was as follows:—The limb rested upon a double inclined plane, the foot was attached to the foot bound, and there were also lateral splints and pads; no particular counter extension was made use of. But the novel feature in the dressing was the presence of an iron band, which, arching over the member a little above the seat of fracture, passed exterior to the lateral splints, and was secured firmly upon either side of the inclined plane. From the centre of this arch passed a firm steel pin, which could be depressed or elevated at pleasure, its upper two-thirds being wormed, and corresponding with the size of the hole in the band through which it passed. The lower and sharp end of the pin had been made to penetrate the soft tissues, over the flat anterior and inner surface of the upper fragment of the tibia, and was there firmly fixed in the bony tissue itself. Thus was this upper fragment kept firmly down in its position, and the angular

displacement overcome. There was no evidence of swelling, or other appearances of inflammatory action about the point where the pin penetrated; and the patient assured us that it gave him no particular inconvenience. I watched the case with interest for some time after, but could discern no unfavorable result from the apparently heroic practice; the bone was kept admirably in position, and every thing seemed progressing favorably. The instrument of Mon. Malgaigne, for retaining in apposition the fragments of a fractured patella, has been long before the profession. It was natural to have supposed, *à priori*, that serious inflammatory action of the fibrous tissues covering the bone, and of the bone itself, might result from its use; yet experience has not only failed to confirm such an opinion, but has assured us that, in many cases, this instrument may be very successfully employed. It may be the same, with the means above described, for the management of fractured tibia. I apprehend that the cases are few in which such practice need be brought into requisition, still the method may be a good one to have in reserve. Pertinent to this question, and as an indication of sentiment in regard to this energetic surgery, I would mention having seen at Chariere's, a day or two since, a newly invented instrument for retaining in apposition the fragments of a fractured clavicle, the principle being precisely the same as that of Mon. Malgaigne's, for fractured patella.—*Charleston Medical Journal.*

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*Stricture of the Urethra of Twenty Years' Standing; External Incision without Guide.* By Mr. HENRY LEE.—This patient is a hair weaver, about forty years of age, of a thin, sickly look, and observed the first symptoms of stricture twenty years before his present admission. At that period retention of urine suddenly came on, when a personal friend of the patient, seeing the state he was in, shaped a piece of whale-bone from an umbrella into the form of a bougie, and passed it up the urethra. Immediately after the operation, the urine flowed copiously.

The patient now remained well for three or four years, when symptoms of stricture again presented themselves, but not to such a degree as to cause him much inconvenience, the use of the catheter being, however, now and then required.

Four years before his admission here, the distress from the stricture became suddenly so great as to induce Mr. Guthrie, under whose care he then was, to divide the stricture with Stafford's instrument. After this operation, the patient passed his urine freely, for a short time, but soon the stricture returned, and he has been suffering from it more or less up to his admission. When first seen in the hospital, September 14th, 1854, there was pain in the lower part of the abdomen, and across the loins, and the bladder could be distinctly felt, through the parietes of the abdomen, to be hard and full. There was total inability to pass urine, which fluid only came in drops. The endeavors to introduce a catheter, both without and within the hospital, having proved useless, Mr. Lee had the patient brought into the theatre, passed down an instrument as far as the obstacle, and with no better guide than the end of the catheter, freely divided the urethra. When this perineal section

was accomplished, No. 6 catheter was introduced into the bladder, and there retained for five days.

The urine a few days afterwards passed both through the wound and the urethra, and the patient after remaining several weeks in the hospital is on the point of being discharged. The wound is all but healed, and scarcely any urine escapes through the perineum.

Mr. Lee, in a clinical lecture on this case, after giving a sketch of its principal features; and having pointed out the different kinds of unpleasant consequences following stricture, and the various methods which have been devised for the cure of coaretation, said :—

“ The plan of dividing stricture by instruments passed down the urethra have been variously modified; sometimes an instrument of the shape of a trocar has been made to protrude from the end of a catheter, so as to perforate the stricture; sometimes the instrument used has been made in the shape of a lancet, and sometimes a long very thin knife has been passed down to the stricture upon a director. Another plan has lately been adopted in France, where an instrument could be introduced into the bladder. The instrument used resembles in construction a lithotrite, but the blades are capable of being separated from each other to the extent of about a quarter of an inch. The instrument is then introduced, and the blades suddenly separated, so as forcibly to tear open the stricture.

Now all these plans have the disadvantage, besides that of endangering the vitality of a portion of the mucous membrane of the canal, of not providing an escape for any portion of urine which may flow from the urethra through the opening which they make. Under these circumstances it has been proposed to make an incision in the perineum, and to divide the stricture from without. This plan, of which I now propose to speak, has at least the advantage, when properly performed, of being free from the dangers arising from making false passages, extravasation of urine, and purulent deposits.

The cases for which this operation has been recommended are of three kinds :—

1. Where the stricture presents an extreme degree of irritability, and resents, by violent local and constitutional disturbance, any efforts to produce dilatation.

2. Cases in which the stricture, when dilated, rapidly contracts again.

3. Cases in which, after the dilatation of the passage, micturition is nevertheless painful, difficult, and uncertain.

To these three classes we may add a fourth, not admitted by some surgeons—namely, cases in which no instrument can be passed into the bladder.

For these affections a free incision of the contracted part of the urethra has been maintained to be the proper mode of treatment, and to be in fact required.

The mode of performing this operation, as described by Mr. Syme, is as follows :

A grooved director is first introduced through the stricture, where this can be done, (and Mr. Syme is of opinion that, with care and attention, there is no stricture through which an instrument may not be made to pass.) The patient then being placed upon his back, at the edge of the table, with his legs bent, as in the operation for lithotomy, an incision, about one inch and a-half in length, is made exactly in the raphe of the perinæum. The whole of the thickened, indurated, and contracted texture is then divided upon the director, to the extent of an inch or two, or more if necessary. A No. 8 silver catheter is then passed into the bladder, and allowed to remain there for at least two, and not more than three days.

Great stress is laid upon the fact of the incision being made exactly in the middle line of the perinæum, in order to avoid the artery of the bulb which lies by the side of the canal.

The only sources of danger alleged to exist are haemorrhage and extravasation of urine. But if the knife is kept exactly in the median line, the only vessels that are likely to bleed are the smallest branches of the superficial perineal artery, and the cells of the corpus spongiosum; the bleeding from these may be checked, should it be desirable, by placing a piece of folded lint between the edges of the wound, and applying the slightest degree of pressure for a few hours.

The liability to extravasation of urine after this operation, I will presently consider, reserving it for separate remarks, as I conceive the liability or otherwise to its occurrence forms the grand distinction as to this operation being admissible or not.

After the operation of perineal section, the catheter is tied in the bladder, and the patient put to bed. At the end of forty-eight hours the catheter may be removed. A full-sized bougie should be introduced once a week for three or four weeks, and then at more distant intervals, according to circumstances.

Now this operation, as I have described it, appears a very simple affair, and if this were all, there is little doubt which is to be preferred, the pain and inconvenience, (to say nothing of the danger of a stricture) or the simple operation of dividing a portion of the urethra on a grooved director. But, unfortunately, the operation has not been found to be one of such a very simple nature in its consequences, even where an instrument could be got into the bladder, much less in cases where no staff could be passed.

Mr. Syme, of Edinburgh, asserts that he has performed this operation a great number of times without any ill effects, excepting only some consequent symptoms of nervous irritation. But in other hands the most serious mischief has often supervened. Patients have been attacked with a shivering fit the day after the operation; there has been a quick, irritable condition of the pulse, accompanied, perhaps, by profuse perspiration, and want of sleep. These symptoms have continued, the patient's tongue becoming brown and coated, and, in a certain number of cases, the patient has died. On a post mortem examination, some purulent infiltration has generally been found about the neck of the bladder, or some secondary inflammation in other parts.

Now how are we to account for such different results in the practice of various surgeons of equal skill? I believe that something like a solution may be arrived at by an attentive consideration of the description which Mr. Syme has given of the operation.

In the way in which he performs it, the only fascia concerned, as he says, is that which lies immediately under the integuments. In other words, he divides only the skin, superficial fascia, and the urethra. Now it is clear from this description, that all the strictures which he has operated upon have been situated anterior to the membranous portion of the urethra; for had he operated upon any stricture in the membranous portion of the canal, even though situated quite at its anterior part, he must have been in danger of wounding the deep perineal fascia as well as the superficial. Hence, then, arises a practical distinction of the utmost importance. When a stricture is situated in the bulb of the urethra, it may be divided from without, and any urine which escapes from the passage is sure to pass out at the external wound. But the circumstances are different when the knife, in passing along the grooved director or sound, perforates the deep perineal fascia, and wounds the urethra as it passes through this part. The urine which escapes from the passage may then lodge in the wound made in the deep perineal fascia, and a drop or two may become infiltrated behind this dense structure. It will there give rise to inflammation, and having no means of escape, will produce violent constitutional irritation. When once inflammation is established in the cellular tissue of this part, its products will permeate the areolar tissue, and may thus propagate the inflammation to the outside of the bladder, and the cellular tissue within the pelvis, thus giving rise to the abscesses and the purulent infiltration which I have mentioned.

But where the incision is confined to the superficial fascia, and to the bulb of the urethra, there is, as I have said, very little danger of any of these accidents occurring; and by choosing his cases, (as it were,) and confining himself to those in which the stricture is situated anterior to the membranous part of the urethra, Mr. Syme has met with the success to which I have alluded.

Hence there appear to be two classes of cases; those in which the stricture is situated in that part of the urethra corresponding to the corpus spongiosum, and those in which the stricture is at the anterior part of the membranous portion of the urethra. In the former situation, as far as our present evidence goes, the stricture may be divided with comparative impunity; in the latter, most severe and even fatal symptoms have followed.

But practically, it will be asked, how are we to know that a stricture is confined to the bulb of the urethra, or to any part in front of this? Where an instrument can be introduced, the point may be made out in this way, and Mr. Syme never operates unless he is able first to introduce an instrument into the bladder.

In the case to which I have drawn your attention, I was led to believe that I might with impunity divide the stricture, from the circumstance

of Mr. Guthrie having divided it by internal incision before, without any ill effects. This proved to me, either that the stricture was confined to the bulb of the urethra, or, if situated farther back, that the surrounding parts were so consolidated by inflammation as to preclude the danger which might arise from infiltration of urine."—*Lon. Lan.*

*Extraordinary Feat.*—On Wednesday, at 4 o'clock, P. M., Mr. William Wheeler, "the celebrated Western Walker," commenced the task of walking one hundred and one consecutive hours; and, inasmuch as it was alleged that a similar feat was not accomplished, particular pains were taken by those interested that there might be no humbug in the present instance. The first night was passed very comfortably; and during the next night and day he evinced no signs of fatigue. On Friday he appeared to feel the effects of a lack of rest, and his limbs commenced swelling. He was watched closely that night, and at times his mind wandered, and he was unconscious of anything going on near him. The next day (Saturday) he recovered his wonted vigor, and, with the encouragement of his friends near by, seemed quite fresh. His limbs, too, which bore evidence of his endurance, improved in appearance, and the approach of last night was met with much confidence by himself and others. He continued to walk, but with difficulty. His constitution required all the stimulus that consistent with his safety could be given. He became delirious, and had to be guarded to prevent him leaving the plank, and, if possible, the room. On Sunday morning the swelling commenced again, and the day passed tediously. Large crowds visited him, which did much to cheer him on. In the evening the audience became literally packed, and at one time it was seriously proposed clearing the room for the purpose of giving the pedestrian air. At 9 o'clock and 9 minutes, it was announced by Dr. Rowell, his physician, that his time was up. He left the plank, and walked through the crowd with perfect composure. Three cheers were given for him, which were duly acknowledged. This proved that he was perfectly sensible, and which, under these circumstances, was looked upon as a strange occurrence. A carriage being in waiting, he entered it, and immediately fell into a sound slumber. On arriving at the destination of the vehicle, he awoke, and, with a firm tread, went into the house, and, after partaking of such nourishment as was provided for him, retired to bed. The only food or drink allowed him during the time of this extraordinary performance was beef tea, (very strong,) raw eggs, brandy, and wine. This is the greatest feat of the kind on record.—*New York Tribune, from San Francisco Paper.*

*Abstract of Meteorological Observations for November, 1854, made at Philadelphia, Pa. Latitude 39° 57' 28" N., Longitude 75° 10' 40" W. from Greenwich. By PROF. JAMES A. KIRKPATRICK.*

1854. Nov.	BAROMETER.				THERMOM.				General Remarks.
	Mean Daily Mean	Mean Daily Range.	Mean Daily Mean	Mean Daily Range	Dew Point 2 P. M.	Rel. Humid. 2 P. M.	Rain.	Prevailing Winds.	
1	29.767	.047	60.2	5.8	45.7	.52		NW.	M. cl'r; aft. & ev. cl'y. <i>Th. hig'st 69°.</i>
2	30.030	.263	52.5	7.7	38.3	.52		W.	Clear.
3	30.033	.034	56.7	5.2	41.7	.49	0.150	(Var.)	M. clear; aft. and ev. cl'y; night rain.
4	30.239	.206	43.3	10.0	30.7	.48		N.	M. cloudy; aft. and ev. clear.
5	30.357	.115	32.7	10.7	26.7	.60		N.	Clear. <i>First Ice. Bar. highest 30.269; Therm. lowest 27°.</i>
6	30.023	.334	40.3	7.7	30.7	.48		SW.	Cloudy.
7	29.549	.475	48.7	8.3	40.0	.62	0.023	NW.	M. rain; aft. cloudy; ev. clear.
8	29.829	.280	45.7	3.0	32.7	.50		(Var.)	Clear.
9	30.110	.314	46.3	4.0	37.7	.56		SW.	Clear.
10	30.074	.080	52.7	7.0	50.3	.72		S.	Cloudy.
11	29.817	.258	63.0	10.3	62.7	.94	0.483	SE.	M. and aft. rain; ev. clouoy.
12	29.857	.071	58.3	4.7	57.7	.94	1.619	E.N.E.	Rain all day.
13	29.724	.141	58.3	9.7	49.0	.67		(Var.)	Cloudy.
14	29.871	.147	40.2	18.2	30.0	.52		NW.	Clear.
15	29.541	.330	42.5	2.0	38.0	.77		(Var.)	Cloudy.
16	29.587	.116	40.7	1.8	24.3	.36		NW.	M. clear; aft. and ev. cloudy.
17	29.527	.123	44.8	3.2	36.0	.58		SW.	M. clear; aft. and ev. cloudy.
18	29.582	.135	46.2	5.0	35.3	.55		NW.	Cloudy.
19	29.728	.143	39.3	6.8	30.0	.52		NW.	Clear.
20	29.862	.134	38.7	1.3	29.3	.57		W.	M. clear; aft. and ev. cloudy.
21	29.980	.118	42.7	3.7	31.7	.49		SW.	Cloudy.
22	29.824	.122	46.8	4.2	41.0	.78	0.294	(Var.)	M. rain; aft. cloudy; ev. clear.
23	29.898	.086	45.8	3.3	41.0	.69		SW.	Clear.
24	29.462	.436	54.0	8.2	57.3	.97	0.781	SE.	Rain all day.
25	29.332	.212	52.0	5.8	41.0	.62	0.110	SW.	Cloudy; ev. rain; <i>Bar. lowest 29.257.</i>
26	29.663	.331	42.7	9.3	27.3	.40		SW.	M. clear; aft. and ev. cloudy.
27	29.940	.277	37.8	4.8	29.3	.57		SW.	Clear.
28	30.027	.087	36.7	1.2	31.7	.65		SW.	Clear.
29	29.870	.158	36.2	0.5	28.3	.56		W.N.W.	Clear.
30	29.838	.082	28.0	3.8	27.0	.49		NW.	M. cl'y; slight snow; aft. & ev. clear.
Means for Nov.	1854	29.831	.188	46.1	5.9	37.4	.60	3.460	S. 85° W. 61—100.
	1853	30.157		47.1		42.2		2.320	
	1852	29.919		42.2		35.2		6.050	
	3 yrs	29.969		45.1		38.3		3.943	N. 71° W. 45—100.

The extreme range of the barometer during the month was 1.112 inches, and of the thermometer 42°.

The observations are taken at 7, A.M., 2 and 9, P.M., daily. The *daily mean height* of the Barometer and Thermometer is found by taking the mean of the three observations; and the *monthly mean* determined by adding together the daily means and dividing by the number of days in the month. The *mean daily range* is found by calculating the mean of the differences between the height of the mercury on any particular day and the day immediately preceding, at the corresponding hours. The *Dew Point* and *Relative Humidity* are calculated from the difference between the wet and dry-bulb thermometers at 2, P.M. The *Resultant of the Winds for the Month* is found by Schow's method. The Barometrical Observations are all corrected for temperature by being reduced to 32° Fahrenheit.

THE  
MEDICAL EXAMINER.

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## NOTICE TO CORRESPONDENTS.

Communications and Books for notice should be addressed to the Editors, care of Messrs. Lindsay & Blakiston.

Letters, &c., connected with the *business affairs* of the Journal should be addressed to the Publishers.

Papers for publication must be received *before* the 16th of the month, or they cannot appear in the forthcoming number.

The following Journals have been received in exchange:

The American Journal of Medical Sciences, for January.

The Medical News and Library, ditto.

New Jersey Medical Reporter, ditto.

New York Journal of Medicine, ditto.

New York Medical Times, ditto.

American Medical Gazette.

American Medical Monthly, January, not received.

Boston Medical and Surgical Journal, weekly.

Buffalo Medical Journal, for January.

Virginia Stethoscope, ditto.

Virginia Medical and Surgical Journal, ditto.

New Hampshire Journal of Medicine, January, not received.

Montreal Medical Chronicle, January.

Upper Canada Journal, Oct., Nov., Dec. and Jan. Nos. not received.

Peninsular Journal of Medicine, January.

Nelson's American Lancet, Dec. and Jan. Nos. not received.

Nashville Journal of Medicine and Surgery, Jan.

Ohio Medical and Surgical Journal, ditto.

St. Louis Medical and Surgical Journal, January, not received.

North-Western Medical and Surgical Journal, ditto. ditto.

Western Journal of Medicine and Surgery, ditto. ditto.

Medical Reporter, January.

Southern Medical and Surgical Journal, ditto.

Iowa Medical Journal, ditto.

Memphis Medical Recorder, ditto.

New Orleans Medical News and Hospital Gazette, ditto.

American Journal of Insanity, ditto.

American Journal of Pharmacy, ditto.

Dental News Letter, ditto.

New York Dental Recorder, ditto.

Edinburgh Monthly Journal, Dec.

London Lancet (weekly.)

London Medical Times and Gazette (weekly.)

Dublin Medical Press (weekly.)

Gazette Medicale.

Revue Medico-Chirurgicale.

Archives d'Ophthalmol.

El Porvenir Medico.

## BOOKS AND PAMPHLETS RECEIVED.

Report on the Epidemics of Ohio, Indiana and Michigan, for 1852 and '53.

A New Plan of Treating Ununited Fracture. By H. H. Smith, M.D.

A brief Sketch of the History of Lexington and of Transylvania University.

Unity of Mankind. An Introductory Lecture, by M. L. Linton, M.D.

History and Observations on Asiatic Cholera in Brooklyn, N. Y.

The foreign correspondents of the Examiner will please direct their Exchanges, Books for review, and other communications, to the care of Trübner & Co., No. 12 Paternoster Row, London, or Mr. H. Bosange, 21 Bis, Quai Voltaire, Paris.

L I S T   O F  
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